



**Event Management Request Form**

**Date/Dates:** \_\_\_\_\_

**Event:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Budget Code:** \_\_\_\_\_

**Venue/Venues:** \_\_\_\_\_

**Set-up Time:** \_\_\_\_\_

**Start Time:** \_\_\_\_\_

**Break-down Time:** \_\_\_\_\_

**Sprinkler System Turned Off:** \_\_\_\_\_

**Tables:** \_\_\_\_\_

**Chairs:** \_\_\_\_\_

**Trash Cans:** \_\_\_\_\_

**Tent:** \_\_\_\_\_

**Technology Needs:** \_\_\_\_\_

\_\_\_\_\_

**Extra Police Security:** \_\_\_\_\_

**Will you need signage up?** \_\_\_\_\_

**What date will you need the signage up?** \_\_\_\_\_

**What date will you need the signage down?** \_\_\_\_\_

**\*PLEASE NOTE: YOUR ORGANIZATION MAY BE REQUIRED TO HAVE A TECH PERSON AND BUILDING MONITORS PRESENT AT YOUR EVENT.**