



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.**