



Event Request

Request must be submitted 30 days prior to event. Any exceptions must be approved by USF Facilities Management
EVENTS MAY NOT BE ADVERTISED PRIOR TO EVENT APPROVAL

Today's Date _____

Event Name _____

Sponsor (must be USF affiliate) _____

Department/Organization/Unit _____

Contact person (that will be present at event) _____

Phone _____ Cell _____ Email _____

Co-Sponsor _____

Contact person (that will be present at event) _____

Phone _____ Cell _____ Email _____

Event Description *(attach additional pages as necessary)*

Event Date _____ Start Time _____ End Time _____ *(Include set-up and breakdown)*

Requested Location _____

Inclement Weather Site _____

Describe plan for inclement weather plan *(Severe Weather Contingency Plan template can be found at usf.edu/em/planning)*

Static Displays? (vehicles, equipment, tents, etc.) _____

Is the event open/advertised to the public? Yes No Estimated Total Attendance _____

Students _____ # Faculty/Staff _____ # Non-USF _____ Age Range _____

Anticipated Parking Needs _____

Admission Charge _____ Merchandise Sold _____

Describe any advertising (posters, radio, TV, web, etc.) _____

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Will food be served? Yes* No Food Vendor _____
**IF YES, YOU MUST INCLUDE NAME OF THE FOOD VENDOR. FORM WILL BE RETURNED IF NOT IDENTIFIED.*

Events not utilizing USF Dining Services or a commercial food vendor and serving food to 100 or more general public attendees are required to notify Environmental Health & Safety at least one week in advance using the [Temporary Food Service Event Notification Form](#)

Will alcohol be served? Yes No
Will security or EMT be required? Yes No
A/V equipment or amplified sound? Yes* No

*If yes, please describe _____

Will you need tables, chairs, garbage cans, etc? Yes* No
**IF YES, YOU MUST CONTACT BUILDING SERVICES AT 813-974-4343*

Will there be guest speakers, entertainers, government officials, etc? Yes* No
**IF YES, ATTACH PROFILE(S), INCLUDING BIOGRAPHY AND PREVIOUS APPEARANCES*

***High profile events require risk management and protocol assessment.
REQUESTS MUST BE SUBMITTED 60 DAYS PRIOR TO EVENT.***

A certificate of insurance may be required for review by the Office of the General Counsel. Certificate shall name the University of South Florida as the additional insured. Relevant information:

University of South Florida
Board of Trustees, A Public Body Corporate
4202 E. Fowler Ave, CGS 301
Tampa, FL 33620
Attn: Office of the General Counsel
Phone: (813) 974-2131
Fax: (813) 974-5236

In the event of damages or other costs directly related to the execution of this event (i.e., clean up, etc.), the applicant agrees to be responsible for any and all charges; otherwise a security deposit as specified by Facilities Management will be required.

| Sponsor | Co-Sponsor |
|----------------------|----------------------|
| Print Name _____ | Print Name _____ |
| Date _____ | Date _____ |
| Signature _____ | Signature _____ |
| Position/Title _____ | Position/Title _____ |

Return completed form to:
Jackie Gahagan
USF Facilities Management - OPM 100
Phone: (813) 974-0332
Fax: (813) 974-3199
Email: jgahagan@usf.edu