



EVENT NOTIFICATION FORM

Date of Request: _____

Campus _____ Date of Event: _____

Beginning Time: _____ am/pm Ending Time _____ am/pm

Times should be actual event times including setup and take down

Group or Department sponsoring activity _____

Area (s) of building to be utilized: _____

Exterior Door to be Scheduled open:

Door number/s _____

(EXP. A3, D2)

Doors to be unlocked at _____ AM / PM. Doors to be locked at _____ AM / PM.

Doors to be unlocked at _____ AM / PM. Doors to be locked at _____ AM / PM.

Other Special Setup required: *(Tables, Chairs, Risers, Sound system, Custodial, etc.)*

Approved by: _____ (Campus Principal/Department Administrator)

For Maintenance use only:

Date received: _____

HVAC Scheduled by: _____

Received by: _____

Doors Scheduled by: _____

Event Scheduled: _____