

Non-University Organization Scheduling Request

Name or Title of Event: _____

Day(s)/Date(s) of Event: _____

Sponsoring Organization: _____

Phone Number: _____

Primary Contact Person: _____

Mailing Address: _____
Street/PO Box City ST Zip

Phone Number: _____

E-Mail Address: _____

Specific Facilities and Equipment Requested: _____

Expected Attendance: _____

Complete Event Description: _____

- Yes No Will food or drink be served?
- Yes No Will University Food Services be providing the food?
- Yes No Will event be used as a recruitment tool of any kind for potential employees?
- Yes No Will spectators be charged an admission or asked for donation?
- Yes No Will tickets be issued?
- Yes No Will event participants (not audience) be charged to participate?
- Yes No Is there entertainment? If yes – please describe: _____

Event Start Time: _____ Event End Time: _____

Arrival time for set-up of event: _____

Departure time after event conclusion: _____

Name of the responsible contact person attending the event: _____

Submit form by saving a file and e-mailing it as an attachment to scheduling@byui.edu