

**COMMUNITY 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: \_\_\_\_\_  
Home Phone Cell Phone

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 used? **No other food source permitted for community events**
- 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: \_\_\_\_\_