

Event Information

Estimated number of participants _____ Spectators _____

Will any fees be charged? Yes _____ No _____

If yes, describe. _____

Will food be served or concessions be sold? Yes _____ No _____

If yes, describe. _____

Note that Aramark has an exclusive food service contract with the University.

Will this event involve an off-campus organization or off campus participants? Yes _____ No _____

If yes, has Community Outreach been contacted (825-2778)? Yes _____ No _____

Account Name _____ Signature on Account: _____

Account Number _____ Account Billing Date: _____

Verification

For University Departments - signature of the Department Chairperson or Dean's signature required.

For Recognized Student Organizations - signature of an officer acting as the representative for the group is required.

By signing this request, responsibility is assumed for the adherence to all applicable University rules and regulations in the conduct of the event.

Print Name _____ Signature _____

Print Title _____ Date _____

Office Use

Approved _____ Not Approved _____ Reason Not Approved _____

EMS Reservation Number _____ Date Entered in EMS _____ Date sent to Organization _____

Personnel Fees

<u>Number of Hours</u>	<u>Rate</u>	<u>Estimated Cost</u>	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	Subtotal _____

Usage Fees

<u>Number of Hours</u>	<u>Rate</u>	<u>Estimated Cost</u>	
_____	_____	_____	
_____	_____	_____	Subtotal _____

Event Management Fees

	<u>Description</u>	<u>Estimated Cost</u>
Equipment	_____	_____
Custodial	_____	_____
Transportation	_____	_____
Other	_____	_____
		Subtotal _____
		Total _____

Date work orders requested _____ Scheduler's Initials _____

IDT Reference Information _____