

Office Use Only: Date Received	___/___/___	Priority	_____
Date Entered	___/___/___		
Request Denied (Reason)	_____		

Scheduling Request Form 2014-2015

It is important that you fill out this information exactly. No event will be scheduled without the necessary forms.

Date ___/___/___ Event Name _____

Organization _____

Contact Person _____ Phone (Day) _____ (Evening) _____

Head of Organization (New Y N) _____

Address _____

City/State _____ Zip/Postal Code _____

Phone(_____) _____ - _____ Fax (_____) _____ - _____

E-mail _____

What facility do you wish to use? _____

Second choice? _____

Date (s) of Event From: ___/___/___ To: ___/___/___

Event Start & End time (Actual) Beginning: _____(am)(pm) Ending: _____(am)(pm)

Additional time needed Setup: _____(minutes) Cleanup: _____(minutes)

Any special comments for Setup and cleanup: _____

What frequency? (daily, weekdays, 2nd Tue, monthly, etc.) _____(1st, 2nd, 3rd, 4th)_____

What recurring day of week? SUN MON TUE WED THUR FRI SAT

Any exceptions to the frequency? (certain dates, months, etc.) _____

What type of Event is this? Regular Meeting Special Event Fundraiser (Finance Council approval Form must be attached)

(If this is a fundraiser, the event will be placed on the calendar to hold it's place. The event will only be finalized when the organization receives notice of approval by finance council.)

Will alcohol be served? Y N

Description of Special Event _____

Other Comments (number of tables, chairs, etc.) _____

Please return this form to the office by June 3. You will be informed if there are any changes to the schedule you requested. Prior to June 21 you should receive a schedule of the events for your organization. If there are any changes to this request, please contact the office as soon as possible. **Please make sure all Finance Council forms are attached.**