



Contact Information

Department or Company Name _____

Contact Person _____

Phone Number _____

E-mail Address Required _____

Event Information

Event Name _____

Event Date Beginning _____ End _____
For Multiple Dates

Event Time Beginning _____ End _____

Location 1 _____

Address _____
Street City/St Zip

Location 2 _____

Address _____
Street City/St Zip

Number of Participants _____

Parking Needs

Number of Vehicles _____

Permits _____

Parking for Individuals with Disabilities _____

Parking for Elderly _____

Requirements for VIP _____

Parking Attendants Yes _____ No _____

Parking Lot Security Yes _____ No _____

Need for Event Staff Yes _____ No _____

Needs for Media Yes _____ No _____

Will there be activities in parking Lot? Yes _____ No _____

Please Describe Activities? _____



Transportation Needs

Estimated Number of Individuals _____

Do you need transportation for this event? Yes _____ No _____

Pickup Location _____

Address _____

Street _____ City/St _____ Zip _____

Drop off Location _____

Address _____

Street _____ City/St _____ Zip _____

Time Beginning _____ End _____

Para-transit services for individuals with disabilities? Yes _____ No _____

Special Instructions _____

Billing

University Departments

Department or Company Name _____

If different from contact information

Contact Person _____

Phone Number _____

E-mail Address Required _____

Cost Object # / IDT _____

Non University Billing

Payment is required prior to the event

Department or Company Name _____

If different from contact information

Contact Person _____

Phone Number _____

Cash _____ Check _____ Charge _____

MasterCard or Visa

Event Cancellation

Please provide minimum of 24 hours