

CALENDARING OF EVENTS REQUEST

New Event _____ Cancellation _____ Change _____

GENERAL INFORMATION

Event To Be Placed On Calendar _____
 (As it is to appear in print)

	Location/ Room No.	Time	Start	End
Day of Event _____	_____	_____	_____	_____
		Early Setup Time (Specify)		_____
		Breakdown		_____

Number of People To Attend _____

Requests Forthcoming :

[] Setup	[] Sound / Sound/Lighting
[] Food Service	[] _____
[] Audio/Visual	[] _____

Additional Comments _____

Person Making Request _____ Phone No. _____ Date _____
 (Signature)

Ministry/Department _____ Position _____

FOR OFFICE USE ONLY

[] Approved and Scheduled [] Not Approved

Reason(s) For Decision _____

Approved By _____ Date _____