

# EVENT SCHEDULING REQUEST



New Request

Scheduled Event Update

Cancellation of Event

- **Name of Event:** \_\_\_\_\_
- Description of Event: \_\_\_\_\_
- **Room Requested:** \_\_\_\_\_
- **CSS Contact Person & Phone:** \_\_\_\_\_
- Responsible Department: \_\_\_\_\_
- **Day & Date of Event:** \_\_\_\_\_
- **Time (start/end):** \_\_\_\_\_
- Set-up Time and Clean-up Time: \_\_\_\_\_
- Seating Style (*classroom; round tables; open square; closed square; open floor; theatre; etc.*):  
\_\_\_\_\_
- **Expected Attendance:** \_\_\_\_\_
- Audio/Visual Equipment Needs: \_\_\_\_\_
- Food Service Needs (menu): \_\_\_\_\_  
\_\_\_\_\_
- Serving Time for Food Service: \_\_\_\_\_
- Food Service Account Number (required for all events requesting food): \_\_\_\_\_
- Special Security Needs: \_\_\_\_\_
- Any Other Special Needs: \_\_\_\_\_  
\_\_\_\_\_
- Off-Campus Contact Person's Name, Phone, Address (when appropriate): \_\_\_\_\_  
\_\_\_\_\_

Submit request to Scheduling Office T1750, e-mail or Call X6030 and be prepared to give the above information.