

# UNIVERSITY ACTIVITY CENTER EVENT SUMMARY FORM

CONTACT: Event Department Business Office (850) 412-5966 voice ♦ (850) 412-5991 fax

REQUESTORS WILL BE NOTIFIED IF/WHEN REQUEST HAS BEEN APPROVED PER CONTACT INFORMATION BELOW

Please fill out completely. Incomplete information will disqualify your application.

rev: 08/15

## REQUESTOR INFORMATION

Contact Person: _____	Telephone Numbers: (W) _____
Organization: _____	FAX: _____
Address: _____	(C) _____
_____	e-mail: _____
_____	Account Number: _____
Event Name/Purpose _____	SPACE REQUESTED: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
Date Requested: _____ <small>(Note: Each date requested must be on a separate page)</small>	Your Arrival Time: _____
Estimated Length of Event: _____	Event Start Time: _____
Contact Person's Signature: _____	<b>OFFICE USE ONLY</b>
Approved By: _____ University Approval Only.	Reservation # _____
	Date Received: _____
	Received By: _____

## EVENT DESCRIPTION

**This section MUST BE FILLED OUT COMPLETELY AND ACCURATELY for booking to be approved:**

*Inadequate detail will disqualify your application. Requests without documentation may be denied.*

Estimated Attendance: _____	Ticketing Arrangements: _____
Specific Description of your Event: _____ _____ _____ _____	
PARTICIPANTS: Please give the number of people participating in the following categories	
MC/Speakers -- _____	
Performers -- _____	
Technicians, Stage Managers, Directors -- _____	
Band/Music Groups -- _____	
(Number of groups/type of group/number of people in each group)	
POM Work Orders related to this Event: _____	
Facility Needs (Podium, screens, video or slide projection, furniture, etc): _____ _____ _____ _____ _____ _____	

ATTENTION: This form must be accompanied by the Florida A & M University Facility Request Form.