## FACILITIES PLANNING AND MANAGEMENT

## **Event Support Form**

Please complete and submit this Event Support at least **10 business days (Mon-Fri)** prior to the event. Failure to do so may affect scheduling and result in additional costs. Forms can be submitted to Facilities Management, License of Facilities at: <a href="lof@cpp.edu">lof@cpp.edu</a>.

Event scheduler   coordinator:	Contact Information											
Event Information    Phone:		Today's Date:										
Event Information   Sevent Importance   Seve	Event scheduler   coordinator:	1					Phone:					
Name of event:	Department/Student Club:	-					Email:					
Name of event:												
Name of event:												
Event date(s): Set-up time(s): Setting up special equipment: Location(s); list all that apply:    Brief description and purpose of the event:												
Set-up time(s):		25Live Reference #:										
Setting up special equipment: Tent(s) Stage(s) Vehicle(s) Other (explain):  Brief description and purpose of the event:    **For ALL outdoor events a site map is required**    Requested Services		· · · · <u></u>										
Brief description and purpose of the event:    **For ALL outdoor events a site map is required**    Requested Services												
##For ALL outdoor events a site map is required**    Requested Services		rent(	S)	Stage	e(s)	venicie(s)	Otner (explair	າ):				
**For ALL outdoor events a site map is required**    Requested Services	Location(s), list all that apply.											
**For ALL outdoor events a site map is required**    Requested Services	Brief description and purpose of the event:											
Requested Services			-									
Requested Services	**For All outdoor events a site man is required**											
Please mark all that apply:  Trash & Recycle bins sets #	FOI ALL OULUOUI EVEILS à SILE Map is requireu											
Trash & Recycle bins sets #				Rec	queste	d Services						
Sprinklers off	Please mark all that apply:											
Grounds cleaning during event	Trash & Recycle bins sets #		Yes		No	Electrical	assistance for set-	-up □	Yes		No	
Restroom use	Sprinklers off		Yes		No	Ele	ent 🗖	Yes		No		
Custodial cleaning during event	Grounds cleaning during event		Yes		No		on $\square$	Yes		No		
State funding source: **ASI PO#:  **Using ASI funds will require a purchase order (PO) obtained from ASI Financial Services before submitting a request for service. A copy of the PO is required for processing. Please contact our office to obtain an estimate.  Authorized by (please print) Signature Date  Send chargeback statement to:  Name: Email: Phone:	Restroom use		Yes		No	Issue Specia	mit 🗖	Yes		No		
State funding source:  Foundation account:  **ASI PO#:  **Using ASI funds will require a purchase order (PO) obtained from ASI Financial Services before submitting a request for service. A copy of the PO is required for processing. Please contact our office to obtain an estimate.  Authorized by (please print)  Signature  Date  Send chargeback statement to:  Name:  Email:  Phone:	Custodial cleaning during event		Yes		No	Other (please explain):						
State funding source:  Foundation account:  **ASI PO#:  **Using ASI funds will require a purchase order (PO) obtained from ASI Financial Services before submitting a request for service. A copy of the PO is required for processing. Please contact our office to obtain an estimate.  Authorized by (please print)  Signature  Date  Send chargeback statement to:  Name:  Email:  Phone:												
State funding source:  Foundation account:  **ASI PO#:  **Using ASI funds will require a purchase order (PO) obtained from ASI Financial Services before submitting a request for service. A copy of the PO is required for processing. Please contact our office to obtain an estimate.  Authorized by (please print)  Signature  Date  Send chargeback statement to:  Name:  Email:  Phone:	Dilling Information											
Foundation account:  **Using ASI funds will require a purchase order (PO) obtained from ASI Financial Services before submitting a request for service. A copy of the PO is required for processing. Please contact our office to obtain an estimate.  Authorized by (please print)  Signature  Date  Send chargeback statement to:  Name:  Email:  Phone:	State funding source:			וווט	ling in	IOIIIIatioii						
**Using ASI funds will require a purchase order (PO) obtained from ASI Financial Services before submitting a request for service. A copy of the PO is required for processing. Please contact our office to obtain an estimate.  Authorized by (please print)  Signature  Date  Send chargeback statement to:  Name:  Email:  Phone:  FPM department use only			<u>                                     </u>			**∆\$I P∩#•						
Authorized by (please print)  Signature  Date  Send chargeback statement to:  Name:  Email:  Phone:		nurchi	ase o	rder (PC				es hefore s		ittina a		
Send chargeback statement to:  Name: Email: Phone:  FPM department use only	1	•		-	-	•		•		_		
Send chargeback statement to:  Name: Email: Phone:  FPM department use only						<del>_</del>						
Send chargeback statement to:  Name: Email: Phone:  FPM department use only												
Name: Email: Phone:  FPM department use only	Authorized by (please print)	Signature					Da	te				
Name: Email: Phone:  FPM department use only	Send chargeback statement to:											
FPM department use <i>only</i>			Email:				Phone:					
								1				
				FDM 4	lenarti	ment use <i>anl</i> i	v					