

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 License of Facilities at:

[lof@cpp.edu](mailto:lof@cpp.edu).

Contact Information	
Event scheduler   coordinator: _____	Today's Date: _____
Department/Student Club: _____	Phone: _____
	Email: _____

Event Information	
Name of event: _____	25Live Reference #: _____
Event date(s): _____	Event time(s): _____
Set-up time(s): _____	Teardown time(s): _____
Setting up special equipment: _____	Total attendance (per day) _____
Tent(s) _____	Stage(s) _____
Vehicle(s) _____	Other (explain): _____
Location(s); list all that apply: _____	
Brief description and purpose of the event: _____	
_____	
<b>**For ALL outdoor events a site map is required**</b>	

Requested Services					
Please mark all that apply:					
Trash & Recycle bins sets # ____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Electrical assistance for set-up
Sprinklers off	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Electrician during event
Grounds cleaning during event	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Heating/Cooling on
Restroom use	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Issue Special Events/SFM Permit
Custodial cleaning during event	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Other (please explain): _____

Billing Information					
State funding source:	_____	_____	_____	_____	_____
Foundation account:	**ASI PO#:				
<b>**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.</b>					

Authorized by (please print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Send chargeback statement to:

Name: _____	Email: _____	Phone: _____
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FPM department use only	
Reviewed/Approved by: _____	EC #: _____