

FACILITIES PLANNING AND MANAGEMENT

Event Support Form

Please complete and submit this Event Support **10 working 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: [lof@cpp.edu](mailto:lof@cpp.edu) or fax **909-979-6739**.

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

Event Information
Name of event: _____
Event date(s): _____ Event time(s): _____
Set-up time(s): _____ Teardown time(s): _____ Total attendance (per day) _____
Setting up special equipment: <input type="checkbox"/> Tent <input type="checkbox"/> Stage <input type="checkbox"/> Vehicle 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 bins <input type="checkbox"/> Yes <input type="checkbox"/> No Sprinklers off <input type="checkbox"/> Yes <input type="checkbox"/> No Grounds cleaning during event <input type="checkbox"/> Yes <input type="checkbox"/> No Restroom use <input type="checkbox"/> Yes <input type="checkbox"/> No Custodial cleaning during event <input type="checkbox"/> Yes <input type="checkbox"/> No	Electrical assistance for set-up <input type="checkbox"/> Yes <input type="checkbox"/> No Electrician during event <input type="checkbox"/> Yes <input type="checkbox"/> No Heating/Cooling on <input type="checkbox"/> Yes <input type="checkbox"/> No Fountain on <input type="checkbox"/> Yes <input type="checkbox"/> No Other (please explain): _____

Approval	
State funding source:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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>	

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

Send chargeback statement to:

Name:	Email:	Extension:
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FPM department use only	
Reviewed/Approved by: _____	FM #: _____