

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: 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): _____ Total attendance (per day) _____
 Setting up special equipment: Tent(s) Stage(s) Vehicle(s) Other (explain): _____
 Location(s); list all that apply: _____

 Brief description and purpose of the event: _____

****For ALL outdoor events a site map is required****

Requested Services

Please mark all that apply:

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

Billing Information

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: _____
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FPM department use only

Reviewed/Approved by: _____ EC #: _____