

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.

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

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	
Sprinklers off	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Electrical assistance for set-up
Grounds cleaning during event	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Electrician during event
Restroom use	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Heating/Cooling on
Custodial cleaning during event	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Fountain on
					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:	Extension:
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FPM department use only	
Reviewed/Approved by: _____	FM #: _____