



# ACTIVITIES REQUEST FORM

Submission Date

- New Event     
  Cancellation     
  Change

## General Information

Event to be Placed on Calendar (as it is to appear in print)

Location/Room Number  Date of Event

Event Start Time  Event End Time

Number of People to Attend?

Early Setup?     
 Setup Start Time      
 Setup End Time

Breakdown?     
 Breakdown Start      
 Breakdown End

## Requested Needs

- Setup Crew     
  Sound/Lighting     
  Artwork/Promotion     
  Bulletin Announcement

Food Service     
 Other Please Specify

Audio/Visual     
 Other Please Specify

Additional Comments

Person Making Request

Phone Number

Ministry/Department

Position

## For Office Use Only

- Approved and Scheduled     
 Not Approved

Reason for Decision or Other Comments

Approved By

Date of Decision

Signature