



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