



UNIVERSITY OF LA VERNE

Event Request Form

Event Name: _____

Event Type: _____

Space Requested: _____

Sponsoring Organization: _____

Expected Head Count: _____

Event Date: _____

Event Start Time: _____

Event End Time: _____

Additional Set-up Time: _____

Resources Requested: _____

Please note that requests must be submitted at least 48 hours prior to event start time. This is the minimum time needed for the Office of University Scheduling to secure approvals from security, operations, catering and other impacted departments. If you need to send out flyers, e-mails or other publicity for the event, please allow extra time for this. Events requiring set-up require notice of at least 1 week, to secure work crew. If an unexpected need arises, please contact our office at ext. 4910 for advice on securing approvals.

Approvals

Faculty/Staff Advisor: _____

Security: _____

Operations: _____

HouseKeeping: _____

Risk Management: _____

Other: _____

Office of University Scheduling: _____