

Attachment E



Event Request

Request must be submitted 45 days prior to event. Any exceptions must be approved by Facilities Management

Events may not be advertised prior to event approval

Please Print

Today's Date _____

Sponsor (must be USF affiliate)

Department/ organization/unit _____
Contact person (person that will be present at event) _____
Phone _____ Cell _____ Email _____

Co-sponsor _____
Contact person (person that will be present at event) _____
Phone _____ Cell _____ Email _____

Event description (attach additional pages if needed) _____

Requested location _____ Rain site _____
Event date _____ Start/End time _____
Is event open to the public? _____
Static displays (Vehicles, equipment, tents, etc) _____
Number of persons affiliated with USF _____ Non USF affiliation _____
Age group _____
Anticipated parking needs _____
Will there be advertising (posters, radio/TV, web, etc.) _____

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Admission charge _____ Merchandise sold _____
Will food be served _____ Vendor _____
Will alcohol be served _____
Will security or EMT be required _____
A/V equipment or amplified sound? _____

Facilities services (tables, chairs, power hook up, garbage cans, etc.)

Will there be guest speakers, entertainers, government officials, etc? (If so submit profiles, including biography and previous appearances)

High profile events require risk management and protocol assessment. Request must be submitted 60 days prior to event.

A certificate of insurance may be required for review by the General Counsel's Office. Certificate shall name the University of South Florida as the additional insured. Relevant information is:

**University of South Florida Board of Trustees, a public body corporate of the State of Florida
4202 E. Fowler Av. ADM 250
Tampa, Fl. 33620
Attn: Henry W. Lavandera
Phone (813) 972-2131
Fax (813) 974-5236**

In the event of damages or other costs directly related to the execution of this event (i.e. clean up) the applicant agrees to be responsible for any charges; otherwise a security deposit as specified by facilities management will be required.

**Sponsoring Department/Organization Co-sponsoring
Department/Organization**

Print Name _____	Print Name _____
Date _____	Date _____
Signature _____	Signature _____
Position/Title _____	Position/Title _____

**Return completed form to:
Mr. Greg Gard, Coordinator
University Physical Plant
OPM 100
Phone (813) 974-4983
Fax (813) 974-3199**