

Facilities Planning and Management

EVENT SUPPORT FORM

(Please Print)

In order to ensure a successful event and to facilitate our schedule, please complete and submit this Event Support Form to Facilities Management (fax to 909-869-4363) **at least 72 hours (Mon - Fri) or 96 hours (Sat - Sun) prior to the event.** Failure to do so may affect Facilities Management personnel availability and possibly result in additional costs. To concur with Campus Policy, this Event Support Form may be forwarded to the Campus Use and License of Facilities Coordinator.

GENERAL

Club/Department: _____

Representative: _____

Phone _____ Today's Date: _____

Email: _____

EVENT INFORMATION

Name & Brief
Description of
Event:

Location (check all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> University Plaza (courtyard of Bldg. 26) | <input type="checkbox"/> Sycamore Grove | <input type="checkbox"/> CLA Paseo (area of Bldg. 98 adjacent to the Rose Garden) |
| <input type="checkbox"/> Kellogg Fields (area behind Bldg. 43) | <input type="checkbox"/> May Gym (Bldg. 41) | <input type="checkbox"/> University Park (area between Bldg. 35, 66, & 26) |
| <input type="checkbox"/> Quad (area between Bldg. 8, 6, & 97) | <input type="checkbox"/> Kellogg Gym (Bldg. 43) | <input type="checkbox"/> Field at Bronco Commons (area w/ field lighting near Bldg. 43) |
| <input type="checkbox"/> Engineering Meadow (area Bldg. 9, 17, & 13) | <input type="checkbox"/> Stage at Bronco Commons | |
| <input type="checkbox"/> Other: (please specify) _____ | | <input type="checkbox"/> Building / Room (please specify): Bldg: _____ Room: _____ |

Setup Date: _____ Setup Time: _____ AM PM

Tear-Down Date: _____ Tear-Down Time: _____ AM PM

Will your event be setting up any special equipment? Structure Tent Stage Vehicle

Other: (please specify) _____

Will any materials be left overnight: No Yes (Specify Items) _____

Total Attendance (per day): 1-49 50-149 150-249 249-749 749-999 1,000 or more

Percentage of Cal Poly Attendance: _____

FACILITIES SERVICES REQUESTED

Please mark all items requested or utilized

Tables? <input type="radio"/> No <input type="radio"/> Yes (Qty? 25 max) _____	Fountain On? <input type="radio"/> No <input type="radio"/> Yes	Heating/Cooling On? <input type="radio"/> No <input type="radio"/> Yes
Chairs? <input type="radio"/> No <input type="radio"/> Yes (Qty? 150 max) _____	Power On? <input type="radio"/> No <input type="radio"/> Yes	Electrician during the event? <input type="radio"/> No <input type="radio"/> Yes
Trash Boxes? <input type="radio"/> No <input type="radio"/> Yes	Restroom Use? <input type="radio"/> No <input type="radio"/> Yes	Custodial cleaning during the event? <input type="radio"/> No <input type="radio"/> Yes
Recycling Boxes? <input type="radio"/> No <input type="radio"/> Yes	Sprinklers Off? <input type="radio"/> No <input type="radio"/> Yes	Outdoor/grounds cleaning during the event? <input type="radio"/> No <input type="radio"/> Yes
<input type="checkbox"/> Other: (please specify) _____		

Account Number (if direct cost occurs, this account will be billed): _____

Authorized Signature for Account: _____

FP&M Department Use Only:

Work Order # _____