

PRAIRIE VIEW A&M UNIVERSITY
Administrative Procedures Manual

Attachment 2
Special Event Occupancy Request

Issued: May 15, 1998

Department/Organization: _____ Date: _____

Name of Event: _____

Brief Description: _____

Building Name: _____ Room #: _____

Date Needed: _____ Time Needed: _____ Attendees (est): _____

Advisor's Name: _____ Phone #: _____

Agreement

We understand our responsibility for proper maintenance of the university facility, and the use of food, beverages and tobacco products must take place in designated areas. We agree to adhere to the policy and assume all obligations in the event of damages or extraordinary cleanup. We understand that it is our responsibility to make arrangements with proper university officials for security personnel and equipment needed for the event. We also understand that the advisor of the organization must be present throughout the duration of the event, otherwise the activity will be canceled. Disorderly conduct could also cause the event to be canceled. **THIS FORM MUST BE APPROVED AND RETURNED TO THE OFFICE OF STUDENT ACTIVITIES AT LEAST FIVE WORKING DAYS PRIOR TO THE EVENT.**

Program Chair Date

Event Trustee Date

Advisor Date

Organization Coordinator Date

(1) Student Activities Date

(4) Health Center/EMS Date

(2) Facility Manager Date

(5) Physical Plant Date

(3) University Police Date

(6) Central Utilities Date

Note: All Flyers Must Be Approved by Student Activities and must state that students needing special disability assistance should call ext. 2610.