



# 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