UNIVERSITY ACTIVITY CENTER
EVENT SUMMARY FORM

CONTACT: Event Department Business Office (850) 412-5966 voice ♦ (850) 412-5991 fax

REQUESTORS WILL BE NOTIFIED IF/WHEN REQUEST HAS BEEN APPROVED PER CONTACT INFORMATION BELOW

Please fill out completely. Incomplete information will disqualify your application.

REQUESTOR INFORMATION

Contact Person: Telephone Numbers: (W)  
 echigan: FAX:  
 Address:  
e-mail:  
Account Number:  

Event Name/Purpose  SPACE REQUESTED: □ Indoor □ Outdoor  

Date Requested:  Your Arrival Time:  
(Note: Each date requested must be on a separate page)  

Estimated Length of Event:  Event Start Time:  

Contact Person's Signature:  

Approved By:  
University Approval Only.  

OFFICE USE ONLY
Reservation #  
Date Received:  
Received By:  

EVENT DESCRIPTION

This section MUST BE FILLED OUT COMPLETELY AND ACCURATELY for booking to be approved:  
Inadequate detail will disqualify your application. Requests without documentation may be denied.

Estimated Attendance:  Ticketing Arrangements:  

Specific Description of your Event:  

PARTICIPANTS: Please give the number of people participating in the following categories

MC/Speakers --  
Performers --  
Technicians, Stage Managers, Directors --  
Band/Music Groups --  
(Number of groups/type of group/number of people in each group)  

POM Work Orders related to this Event:  
Facility Needs (Podium, screens, video or slide projection, furniture, etc):  

ATTENTION: This form must be accompanied by the Florida A & M University Facility Request Form.