UNIVERSITY CENTER MALL REQUEST FORM

Start Time:	End Time		of Event:	
Mall Location: UC North				
Event Title:				
Sponsoring Org/Dept:				
Contact Person:	_	Phone #:	-	
Email:				
Advisor:		Phone #:		
Event Description:				
Comments:				
ARE YOU HOSTING A FUNDR	:AISER?	DO YOU NEED SOUND AI		
Yes No		Hours of Amplification:		
		Email thompson@uww.e	npson@uww.edu for approval.	
		anning and Management at 47		
FOR RESERVATIONS OFFICE	USE ONLY			
		linator:	Date:	
Approved: Yes No	o Facilities Coord			
	o Facilities Coord		Date: Filed:	
Approved: Yes No	o Facilities Coord		Filed:	
Approved: Yes No	o Facilities Coord	Initials <u>:</u>	Filed:	
Approved: Yes No Fundraiser Request Rece Comments:	Facilities Coord	Initials <u>:</u>	Filed:	
Approved: Yes Notes Fundraiser Request Reconstruction Comments: FOR ACADEMIC POLICE OFF Sound Amplification App	Facilities Coord eived (Date): ICER USE ONLY proved: Yes No	Initials <u>:</u>	Filed:	
Approved: Yes Note Tundraiser Request Recomments: Comments: FOR ACADEMIC POLICE OFF Sound Amplification App Sound Amplification Recomments	Facilities Coord eived (Date): ICER USE ONLY proved: Yes No	Initials <u>:</u> o Academic Police Officer:_	Filed:	