

# Student Event Request Form

Please submit your request 6 weeks prior to the date of your event.

Student Name: \_\_\_\_\_

Student Email: \_\_\_\_\_

Student Phone#: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Time of Event: \_\_\_\_\_

Briefly State the Purpose of this event: \_\_\_\_\_

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Number of People Expected: \_\_\_\_\_

Room Requested: \_\_\_\_\_

AV Needs: