

REQUEST FOR USE OF CAMPUS SPACE

Georgia Tech Central Scheduling Office
 Room 401 Administration / Tech Tower
 Mail Code 0690
 (404) 894-4802
 Fax (404) 894-3645

Date Submitted _____

Form must be completed and signed by group's representative, faculty advisor, representative from Student Affairs Office; and any other specified administrator. Submit completed form to Scheduling Office at least **three** business days before program date in order for space to be confirmed and the proper GT departments notified. When space is assigned, a confirmation will be e-mailed to you. ***Do not assume that space has been assigned to you until you have received a space confirmation.***

Customer Information

Name of Organization _____

Faculty/Staff Registered Student Group Other

Contact: _____ Box # / Address: _____

Phone: _____ Fax: _____ E-Mail: _____

Event Information

Event Title: _____

Description of Event: _____

Est. Attendance: _____ % Attendance Georgia Tech Faculty _____ Staff _____ Students _____ Others _____

Are you sponsoring an outside group? Yes No If yes, list here. _____

Are you selling any items or services or conducting a fundraiser? Yes No

Will your event involve amplified sound? Yes No

Will you be displaying items for attendees? Yes No If yes, list all items to be displayed and attach layout.

Do you plan to have any Posters/Bulletins/Sidewalk Chalking advertising your event? Yes No [Sample of Posters/Bulletins/Sidewalk Chalking must be submitted with this request].

Posters/Bulletins/Sidewalk Chalking approved by Scheduling Office? Yes No

Locations, Dates & Times

Date(s) Requested	Start Time(s)	End Time(s)	Setup Time	Cleanup Time	Space(s) Requested

Equipment & Services

If reserving Campanile Area: Drained: Yes No Spray: On Off Chimes: On Off

Electrical connection needed? (explain) _____

Audio/Visual equipment needed? (explain) _____

Tables / Chairs: _____

Security: _____

Other (Please Indicate Type): _____

Other information pertinent to the event: _____

Signatures 1 – 3 necessary for all student organization events. Signatures 4 - 6 for those events needing these services.

1. _____ (Date)
Organization Representative
(Print Name) _____
(Phone # _____)

4. _____ (Date)
Jack Vickery
Chief of Campus Police

2. _____ (Date)
Faculty Advisor
(Print Name) _____
(Phone # _____)

5. _____ (Date)
Freddie Everett
Risk Management

3. _____ (Date)
Danielle McDonald
Student Services Bldg., Room 141
Student Organizations Advisor

6. _____ (Date)
Allen Corry
GT Parking

Return to:

Beverly Peace Mills
Facilities Coordinator
Georgia Institute of Technology
Capital Planning and Space Management
4th Floor Administration Building
225 North Avenue, NW
Atlanta, Georgia 30332-0690
404 894-4802