

FACILITIES PLANNING AND MANAGEMENT

Event Support Form

Please complete and submit this Event Support **72 hours (Mon - Fri)** or **96 hours (Sat - Sun)** prior to the event. Failure to do so may affect scheduling and result in additional costs. Forms can be submitted to Facilities Management, License of Facilities at: lof@cpp.edu or fax **909-979-6739**.

Contact Information

Event scheduler | coordinator: _____ Today's Date: _____
 Department: _____ Phone: _____
 Email: _____

Event Information

Name of event: _____
 Event date(s): _____ Event time(s): _____
 Set-up time(s): _____ Teardown time(s): _____ Total attendance (per day) _____
 Setting up special equipment: ☐ Tent ☐ Stage ☐ Vehicle Other (explain): _____
 Location(s); list all that apply: _____

 Brief description and purpose of the event: _____

****For ALL outdoor events a site map is required****

Requested Services

Please mark all that apply:

Trash bins	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Electrical assistance for set-up	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sprinklers off	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Electrician during event	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Grounds cleaning during event	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Heating/Cooling on	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Restroom use	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fountain on	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Custodial cleaning during event	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other (please explain):	_____	

Approval

State funding source: _____
 Foundation account: _____ **ASI PO#: _____

****Using ASI funds will require a purchase order (PO) obtained from ASI Financial Services before submitting a request for service. A copy of the PO is required for processing. Please contact our office to obtain an estimate.**

Approved by (please print) _____

Signature _____

Date _____

Send chargeback statement to:

Name: _____ Email: _____ Extension: _____

FPM department use only

Reviewed/Approved by: _____ FM #: _____