

SAN DIEGO MESA COLLEGE EVENT& RESERVATION REQUEST FORM (15-16)

Event Coordinator (Contact)	Requesting Entity and Type (Club, Committee, or Dept. name)	One time, Recurring, Set-up only, or Major Event	Dean or Manager Approval (type name or send email)
Event Day Contact number (Cell)	Mesa Contact Number	Contact Email Address	
Event Title		Event Date	Event Time (start & end)
Number of Parking Spaces Event will Impact	Campus Location Requested	Second Choice Location	Cleanup Time Needed (hours)
Requested President to Speak	Other VIP Speaking	VIP Attending (list)	

EVENT DESCRIPTION, PURPOSE, and EQUIPMENT NEEDED

Please provide a brief description and reason for your event (attach additional documentation if needed):

Number of Attendees Expected	A frames requested - it is YOUR responsibility to turn in A frames IMMEDIATELY upon completion.	Fundraising Event (list organization)	Pre-Reg or Registration (describe)

Intended Audience Makeup (ex. 50% students, 50% Mesa staff/faculty)

Budget (total amount)	Vendor Quote Number if applicable (please attach)	Budget Number	
AV Needs (list)	Vendors (list)	Refreshments (Describe)	Other Items

PLEASE READ THE FOLLOWING:

EVERYONE: By typing your name and date, you are acknowledging the following: (1) I understand The VPA Office will send me an Event Number once it is approved and (2) I understand my event requests may be delayed if I do not include the Event Number

Type Name Above	Date	Contact #

Pre-Approved Coordinators ONLY - By typing your name and date, you are acknowledging the following: (1) I will submit Facilities work orders and calendar submission using the Event Number (2) and I will coordinate my AV requests and Food Services Requests using the Event Number (3) I will coordinate parking through the VPA office.

Type Name Above	Date	Contact #

VPA OFFICE USE ONLY

PCAB Approval Date (email attached)	VPA Approval Date	Denial Date	Contingencies
		Event Number Assigned:	