



OFFICE OF STUDENT SERVICES EVENT REQUEST FORM STUDENT ACTIVITIES



**This request form must be submitted to OSS twenty-eight (28) days prior to the date(s) requested
Please read all relevant material provided by OSS before signing and submitting this form**

Name of Club/Society

Contact Person

Phone #

Email Address

Contact Person

Phone #

Email Address

Contact Person

Phone #

Email Address

Description of Event & Dates:

Student Event: Profit Non-Profit

Please check the facilities you would like to reserve/request:

Moot Court EBCCI Student Guild Mount 3W's Pavilion

Other: _____



Teaching Complex:

LT1 LT2 LT3 Kitchenette LR1 LR2 LR3

LR4 TSR1 TSR2 TR3

Other: _____

Out Door Facilities:

Astro Turf SCR Car Park Roy Marshall Car Park Guild Lawn

Law Pitt

Other: _____

Maintenance:

Stage removal /replacement

Partition

Tables & Chairs (on the inside)

Lectern

Blue boards

Electricity Panel

Security:

Use of electricity after 6pm

Security personnel

Use of flags

Educational Media Services:

PA system [*Maximum of two (2) microphones provided*]

Audio Cable

No. of Wired Microphones: 1 2

No. of Standing Microphone Stands: 1 2

No. of Table Microphone Stands: 1 2

Guild: Tables- No. _____

Chairs- No. _____



Signature of person requesting facilities/in charge of event(s) _____

Print Name: _____

Date (Dd/Mm/Yyyy): _____

Official Guild Stamp



Signature: _____

Print Name: _____

Date (Dd/Mm/Yyyy): _____

Please note that this form must be accompanied by a comprehensive proposal of your week of activities



OFFICIAL USE

Security Services:

No. Personnel Required: _____ Hours Required: _____

Rate per Hour: _____

Approved

Not Approved

Signature of Chief Security Officer: _____

Print Name: _____ Date (Dd/Mm/Yyyy): _____

Maintenance:

maintenance@cavehill.uwi.edu

Specify request: _____

Approved

Not Approved

Signature of Maintenance Manager: _____

Print Name: _____ Date (Dd/Mm/Yyyy): _____

Coordinator, Educational Media Services

edmedia@cavehill.uwi.edu

Approved

Not Approved

Specify request: _____

Signature: _____

Print Name: _____

Date (Dd/Mm/Yyyy): _____

Director of Student Services

studentservices@cavehill.uwi.edu

Approved

Not Approved

Signature: _____

Print Name: _____

Date (Dd/Mm/Yyyy): _____