

Event: _____ Event Date: _____

Event Contact Person: _____ Telephone: _____

Location: _____

Start Time: _____ End Time: _____

Estimated Attendance: _____ # of Officers Required: _____

Special Instructions: _____

Type of Function: ___ Liquor Function ___ Non-Liquor Function

Method of Payment: ___ Conference Office ___ Cheque ___ Budget Transfer

Date Submitted: _____ By: _____

* All requests must be submitted to the Manager of Security at least 5 working days in advance.*

Distribution

2 copies: Manager University Security

1 copy: Conference Office