

## CAMPUS-BASED EVENT REQUISITION FORM

Date of Application: \_\_\_\_\_

### Event Details

<b>Title of Event</b>			
<b>Type of Event</b> <i>(E.g. concert, conference, exhibition, sports day etc.)</i>			
<b>Location(s) of Event</b> <i>(please specify all locations)</i>	Location 1 -		
	Location 2 -		
	Location 3 -		
<b>Date of Event</b>			
<b>Set Up Date</b>		<b>Tear Down Date</b>	
<b>Time of Event</b>			
<b>Set Up Time</b>		<b>Tear Down Time</b>	

**Objectives of the Event** *(Briefly describe the main purpose of the event)*

**Target Audience** *(Include an estimate of no. people attending.)*

**Event Coordinator/ Contact Person** *(Please provide all information)*

	<b>Person-In-Charge (1)</b>	<b>Person-In-Charge (2)</b>
Name		
Email		
Mobile No.		
Student/ Staff ID		

**Equipment / Set-up Requirements**

Description	Quantity	Remarks
Tables (Max. 10)		
Chairs (Max. 20)		
Cocktail Tables (Max. 5)		
Whiteboard 1.8m x 1.2m (Max. 2)		
Flipchart Stand (please state how many flipchart paper you need under the remarks column)		
Marker Pens (specify colours)		
A3 Standee (Max. 15)		
Portable Sound System (Max. 1 set)		
Wireless/Wired Microphone- Each set c/w 2 mics (Max. 3 Sets)		
Microphone Tripod Stand (Max. 2)		
Microphone Table Top Stand (Max. 2)		
Power Extension (Max. 10)		
Multiple Plug (Max. 5)		
PowerPoint Slider (Max. 2)		
LED Projector (Max. 1)		

Please state any other equipment needed. It is subject to availability.

Special Arrangement (For example, re-arranging of tables and chairs)

**External Vendors Details (E.g. Food Caterer, Photographer)**

Company Name		Contact Person	
Type of Business		Mobile No.	

Company Name		Contact Person	
Type of Business		Mobile No.	

Company Name		Contact Person	
Type of Business		Mobile No.	

Company Name		Contact Person	
Type of Business		Mobile No.	

**REMINDERS:-**

1. Kindly fill up all the required information, so that we can set-up your event on time.
2. We encourage a paperless system. Please obtain approval for an e-poster that will appear on the TV screen on the Campus. (Approval will take at least 1 week).
3. Decorations within the venue are to be undertaken by the organizer or event coordinator.
4. DO NOT use heavy-duty tape and glue on any surface, especially the walls and ceilings.
5. Please remove all decorations and any adhesives on the surfaces after the event.
6. Please ensure that the event area is kept clean and in good condition.
7. Students are not allowed to serve any alcoholic beverages or food unless there is proper approval from the lecturers.
8. Submit the Event Request Form to the Facilities team at **least 1 week** before the event date. Any last-minute request(s) will be dealt with on a case-to-case basis, and there will be no guarantee of approval.
9. All requestors are to take reasonable, practicable safety measures before the commencement of the event.

If you have any further enquiries, please do not hesitate to contact us

Mr. Muhammad Ali	ali.mahmud @jcu.edu.au	Contact No.	6709 3891
Mr. Rohaizad	rohaizad.rabu @jcu.edu.au	Contact No.	6709 3890

Requested By		
Name:	Signature:	Date:

Approved By (Lecturer/Student Services Staff/Campus Dean etc.)		
Name:	Signature:	Date:

**FOR FACILITIES OFFICE USE ONLY**

Request Received By		
Name:	Signature:	Date:

Revised Date: 08/03/2021 (V3.4)