

CAMPUS-BASED EVENT REQUISITION FORM

NOTES:

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 approval given by the lecturers.
8. Submit the campus-based event requisition form to the Estate Management Department 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.
10. For further enquiries, please contact us:

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Mr. Tarmimi	tarmimi.shamsuri@jcu.edu.au	Contact No.	6709 3257

Section 1: Requester & Approval Information

Requested By:		
Name:	Signature:	Date:

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

Section 2: Campus-Based Event Requisition Form Checklist

S/N	Description	Checked	Remarks
1	All the required information in this form had been provided.	<input type="checkbox"/>	
2	To discuss with Estate Management Department on the venue requirement.	<input type="checkbox"/>	
3	Attached Risk Assessment for this event.	<input type="checkbox"/>	Please seek assistance from WHS & Environment department on Risk Assessment
4	Reminder for event organiser to brief external participants on the emergency evacuation route.	<input type="checkbox"/>	

Section 3 Event Details

Event Details					
Date of Application		Title of Event			
Type of Event (E.g. concert, conference, exhibition, sports day etc.)					
Date of Event		Time of Event			
Set up - Date and Time		Tear Down - Date and Time			
Location(s) of Event (please specify all locations)					
Estimated number of people		Location 1			
Estimated number of people		Location 2			
Estimated number of people		Location 3			
Event Coordinator / Contact Person (Please provide all information)					
Person-In-Charge (1)					
Student / Staff ID		Name			
Email Address		Mobile Number			
Person-In-Charge (2)					
Student / Staff ID		Name			
Email Address		Mobile Number			
External Vendor(s) Details (e.g. Food Caterer, Photographer)					
External Vendor (1)					
Type of Services		Company Name			
Contact Person		Mobile Number		Vehicle Number	
External Vendor (2)					
Type of Services		Company Name			
Contact Person		Mobile Number		Vehicle Number	

Section 4: Equipment / Set-up Requirements

Description	Quantity	Remarks
Tables (Max. 10)		
Chairs (Max. 20)		
Cocktail Tables (Max. 10)		
Whiteboard 1.8m x 1.2m (Max. 2)		
Flipchart Stand (Max. 3) (please state how many flipcharts paper you need under the remarks column)		
Marker Pens (specify colours)		
A3 Standee (Max. 15)		
A1 Standee (Max. 20)		
Portable Sound System (Max. 1 set)		
Wireless/Wired Microphone- Each set c/w 2 mics (Max. 2 Sets)		
Microphone Tripod Stand (Max. 2)		
Microphone Tabletop 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)

FOR ESTATE MANAGEMENT USE ONLY

Request Received By		
Name:	Signature:	Date: