

## CAMPUS-BASED EVENT REQUEST FORM

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

### Event Details

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

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

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### **Target Audience** *(Include estimates)*

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### **Event Coordinator/ Contact Persons** *(Please provide all information)*

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

## Equipment Needs

Description	Quantity Requested	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 in the remarks)		
Marker Pens (specify colors)		
A3 Standee (Max. 15)		
Sound System (Max. 1 set)		
Microphone- Each set c/w 2 mics (Max. 3 Sets)		
Microphone 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 Instructions/Additional Needs (Example, rearranging of tables and chairs)

**Kindly state down any external vendors details below. (Example: Caterer, Photography)**

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 help to fill up all the required information, so that we can set-up your event on time.
2. We encourage paperless system. Therefore, you may seek approval for e-poster that will appear on the TVs screen in the Campus. (Approval will take at least 1 week).
3. Facilities staff are not responsible in setting up decorations for the event.
4. DO NOT use heavy duty tape and glue on any surface.
5. Kindly assist to remove all decorations after the event.
6. Please ensure that the event area is kept clean and in good condition.
7. Students are discourage to serve any alcohol beverages, unless there is proper approval from the lecturers.
8. Submit the event request form at **least 1 week** before the event so that the facilities staff will be able to assist and make arrangement.  
Any last minute event requests will be dealt with on a case-to-case basis, and there will be no guarantee of approval.

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. Daniel Wong	daniel.wong @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: 05/12/2018 (V3.1)