## Outdoor Space Request Form Truman State University

Office phone: 660-785-4222 Fax: 660-785-4264

Completion of this form represents the beginning of the reservation process. Upon receiving this form, the Student Union staff will coordinate discussions with appropriate entities to address any concerns they may have about your event. Additional insurance may be required for your event as well (i.e. 5k's, larger events) Incomplete information below will result in delays and potentially not allow for a reservation to occur. If you have any questions, please do not hesitate to contact the Outdoor Reservation Coordinator directly by email at <a href="mailto:union@truman.edu">union@truman.edu</a>. We look forward to helping you plan this event.

Request must be submitted at least 10 business days before the event Unsigned requests can NOT be processed.

**Agreement:** I will abide by all pertinent Truman State University policies to the best of my knowledge. Please notify our office of any cancellations or changes to this reservation once it has been confirmed.

Signature:			Date:				
Organization / Dept. Name:							
Person Responsible:							
Contact Phone Number:		Conta	act E-Mail:				
Event Title:							
Event Type: (publicity table, fundraiser, BBQ	, festival,	, athletic	c game, practice, etc.)				
Estimated Attendance (at one time):							
Starting Time:	AM	PM	Ending Time:	АМ	РМ		
Date(s) of Event: *Must be submitted at le	ast 10 d	ays out	*				
Requested Location (see map on back o	of form	):					
Will this event have any sound amplific	ation?		Open flame? (describe)				
Will this activity need electricity?  Electrical outlets are located on the lamp post in section C/D/E, behind the Joseph Baldwin statue, and in the BH/PML triangle. Extension cords should not be run across sidewalks.							
Organization Advisor's name:			E-mail:				
Please provide a <b>COMPLETE</b> description	of your	event b	pelow:				

Date	e Taken	Date Entered	Who Entered?	Reservation #