



OUTDOOR EVENT REQUEST FORM

CALIFORNIA STATE UNIVERSITY, LOS ANGELES
 5154 State University Drive, Rm # 107
 Los Angeles, CA 90032-8636
 Phone: (323) 343-2465 Fax (323) 343-2454

TYPE OF SPONSOR: Recognized Club/Org Cal State LA Department Off Campus Other

Organization Name: _____ Reservation Contact: _____

Phone Number: _____ Email: _____

Date of Event*: _____ Title of Event: _____

Access Start Time: _____ Event Start Time: _____ Event End Time: _____ Access End time: _____

Event Contact: _____ Phone Number: _____

Amplified Sound (Maximum two hours) Start: _____ End: _____ Amplified Sound Level: 1 2 3

Faculty/Staff Advisors Name: _____ Extension: _____

If you represent an **off campus** organization:

1) Please provide billing address:

Street Address: _____ City/State/Zip Code: _____

2) You must fill out Schedule B regarding event insurance.

EVENT INFORMATION

Please check YES or NO to the following statements regarding event details:

- Registration, admission fees, or donations are being accepted: YES NO If so, please specify amount: \$ _____
- There will be guest participants that are 51% from off-campus: YES NO
- There will be vendors fair or exhibitors as part of this event: YES NO
- Alcohol will be served: YES NO If so, an approved request to serve Alcoholic Beverages form must be submitted.
- Food will be served: YES NO If so, who is providing? _____
- This event is directed related to the educational mission of the University: YES NO
- This event is sponsored or promoted by a non-University or off-campus organization: YES NO
- This event is a profit-making venture (i.e. product show, or solicitation of goods or services): YES NO
- Decorations, banners, or signs will be displayed: YES NO If yes, please describe: _____
- The media will be notified about the event (newspapers, television, radio stations etc.): YES NO
- A movie/film/documentary will be shown at this event: YES NO If so, viewing rights must be provided before event can be confirmed.
- This event is co-sponsored by the University-Student Union: YES NO If so, specify: CCC CSI Other: _____

MEDIA SERVICES - OUTDOOR EQUIPMENT REQUEST

Basic PA II - Select components needed (Comes with MP3 Player)

- Wireless Microphone (1 available)
- Wired Microphone _____ up to 2 available
- i-pod Connection
- Satellite Speaker (1 extra speaker)
- DI Box (Direct Input Box) - Used for keyboards, guitars, bases, etc.

Select a PA System that fits your needs.

Plaza Concert PA - Select components needed (Comes with CD & MP3 Player)

- Wired Microphone _____ up to 9 available
- On-Stage Monitors _____ up to 2 available
- i-pod Connection
- DI Box (Direct Input Box) _____ up to 2 available
- Bluetooth Audio

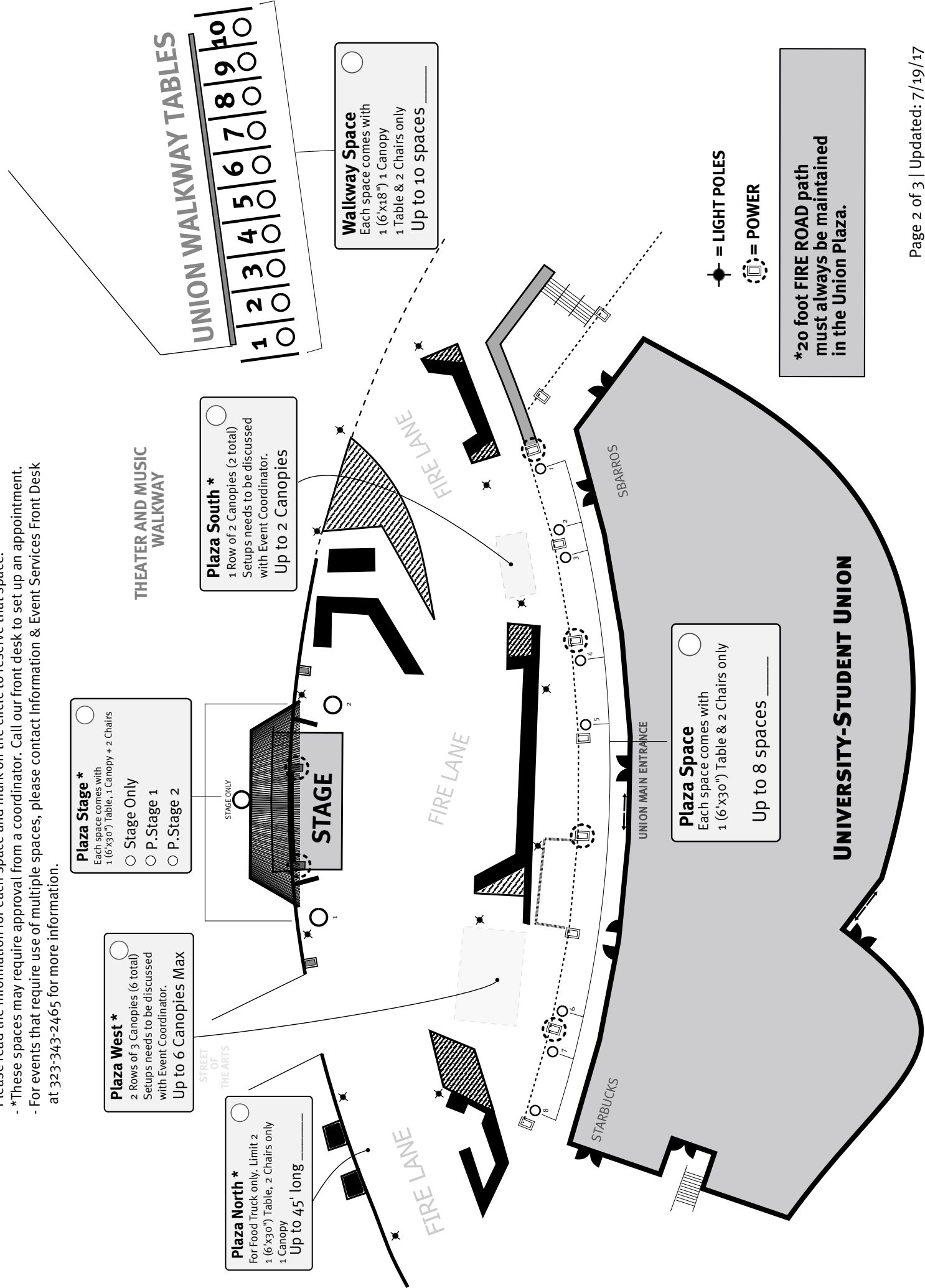
Additional AV Equipment Plaza Podium

Expected Attendance _____
 Setup Count

NOTES

- Please read the information for each space and mark on the circle to reserve that space.
- *These spaces may require approval from a coordinator. Call our front desk to set up an appointment.
- For events that require use of multiple spaces, please contact Information & Event Services Front Desk at 323-343-2465 for more information.

UNION PLAZA DIAGRAM



Reservation Agreement

_____ I understand initialing this agreement gives me the responsibility to pass this information to either the main contact or the event contact of this event.

Name: _____

_____ I understand that failure to come and sign my Reservation Confirmation after 2 business days from notification, will result in an **automatic cancellation**.

_____ I understand **ALL** events must be finalized **NO** later than 2 business days prior to the event date.

_____ I understand if no update on reservation request is received 3 business days after submitting Request Form, it is the sponsor/department/club/organization's responsibility to follow up with our office.

_____ I understand I, or my event contact, will need to present an ID in order to check-in the day of the event, and **ONLY** I or my event contact can sign and/or make changes to the reservation.

_____ I understand my reservation must be canceled **2 business days** prior to the event date, or it will be considered a No-Show.

_____ I understand that submitting requests less than **10 business days** in advance does not guarantee my paperwork will be processed in time.

INFORMATION TABLES/SPECIAL EVENTS

Please provide more information about your event, if needed.

Event Notes

Requestor's Signature: _____ Date: _____

Before you sign, please review your information at the front/back of this page to ensure accuracy.

OFFICE USE ONLY

Processed by: _____

New Request

Revised/Updated Request

Res# _____