



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, please provide your billing address:

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

SPECIAL EVENT INSURANCE CAN BE PROVIDED: Yes If YES, sponsor must name the University-Student Union, the State of California, the Trustee of the California State University, the California State University, Los Angeles, and their officers, agents, employees and volunteers as additional insured. The general liability limit must be of no less than one million dollars (\$1,000,000).
 No If NO, sponsor will be required to complete Event Insurance Assessment Form (Schedule B).

EVENT INFORMATION

Please check YES or NO to the following statements regarding event details: (Additional fees may apply)

- Registration, admission fees, or donations are being accepted: YES NO If so, please specify amount: \$ _____
- There will be guests/participants that will be 51% or more from off-campus: YES NO
- There will be a vendors fair or exhibitors as part of this event: YES NO If so, please specify: _____
- 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? _____
What is being provided? _____
- This event is directly 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 If so, specify: _____
- 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: _____
- This event will include filming or recording:** YES NO If so, please specify: _____
- The media will be notified about the event (newspapers, television, radio stations etc.): YES NO If so, specify: _____
- 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 U-SU or an on-campus department: 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

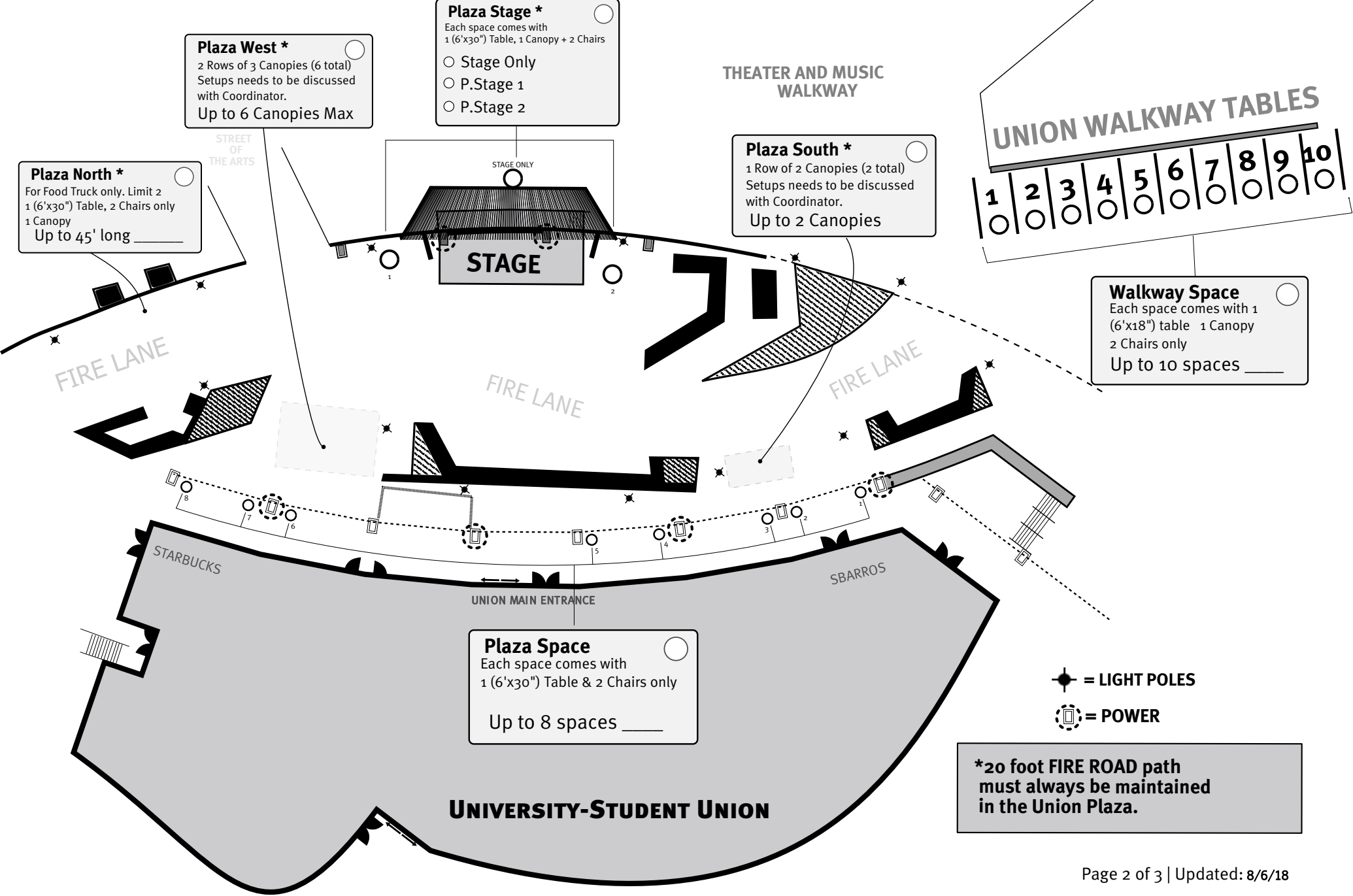
Additional AV Equipment Plaza Podium

Expected Attendance _____
 Setup Count

UNION PLAZA DIAGRAM

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.



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# _____