

The University of Arizona Commercial and Campus Use Activity Request Form

Mall Scheduling Office. Student Union Memorial Center. Room 290A-1

Phone (520) 626-2630 Fax (520) 626-8969

EXPRESS CAMPUS USE ACTIVITY FORM

TO BE USED FOR THE SOLE PURPOSE OF HOSTING A TABLE ONLY ON THE UA MALL. TO UTILIZE THIS FORM, YOUR EVENT MUST NOT REQUIRE SECURITY, RISK MANAGEMENT, OR INVOLVE COMMERCIAL ACTIVITY.

ALL OTHER REQUESTS MUST USE MAIN REQUEST FORM.

This request must be completed and approved by the Arizona Student Unions Mall Event Scheduling Office a minimum of ONE CALENDAR WEEK PRIOR TO EVENT. Please type or print legibly.

Sponsoring Organization _____

Event Title _____

Contact Person _____ Phone _____

Local Address _____ Email _____

Description of Event:

[] Information/Recruitment [] Other _____

Date Requested _____ Time Requested (starting & ending) _____

Area Requested _____

WILL THE EVENT USE OR REQUIRE ANY OF THE FOLLOWING:

- **Sound Amplification?**
[] YES [] NO If yes, please describe

Amplification is allowed only between noon – 1 p.m. Monday through Friday and 5 -7 p.m. Monday through Thursday (Weekend requests are considered separately)

- **Equipment/Services** If yes, contact 621-4701 ONE calendar week before the event to arrange services and payment. All transactions will be by check only.

THIS FORM DOES NOT ORDER EQUIPMENT

[] YES [] NO

Facilities Management Special Events, Steven Natale 621-4701

I agree to abide by the rules as set out in the Campus Use Policy. Failure to comply may result in termination of my event and may prevent future mall use.

SIGNATURE PRESIDENT/TREASURE/DEPT CONTACT PHONE NUMBER EMAIL ADDRESS

SIGNATURE SPONSORING ORGANIZATION ADVISOR PHONE NUMBER EMAIL ADDRESS

COMMENTS/CONDITIONS _____

Event Request [] Approved [] Disapproved Reason: _____

By: _____ Date: _____ Mall Coordinator, Mall Scheduling