Truman State University Outdoor Space Request Form

Office phone: 660-785-4186 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 campus and city entities to address any concerns they may have about your event. 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 su01@truman.edu. We look forward to helping you plan this event. **

THIS FORM MUST BE SUBMITTED A MINIMUM 5 BUSINESS DAYS PRIOR TO THE START OF YOUR EVENT

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:		
Signature.		Date	
Organization / Dep	ot. Name:		
Person Responsible:			
Person Responsible:			
Contact Phone Num	mber:	Contact E-Mail:	
Event Title:			
Event Type: (publicity table, fundraiser, BBQ, festival, athletic game, practice, etc.)			
Estimated Attendance (at one time):			
Starting Time:	AM/PM	Ending Time:	AM/PM
Date(s) of Event: *Must be submitted at least 10 days out*			
Requested Location (see map on back of form):			
Will this event have	e any sound amplification?	-	?
Will this optimity me		(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 Advis	sor's name:	E-mail:	
** Discounties COMPLETE description of some south along			
** Please provide a COMPLETE description of your event below:			