TOURO UNIVERSITY
CALIFORNIA

University Department Activity Request Form

EVENT CONTACT INFORMATION		
Name:	Title:	
Organization:	Email Address:	
Phone:	Alt Phone:	Fax:

EVENT DETAILS	
Event/Program Title:	
Requested Date(s):	
Purpose or Description of Event:	
Open to the Campus at Large: ☐ Yes ☐ No	Open to the General Public: ☐ Yes ☐ No
Estimated Attendance:	Admission/Reg. Fee: $ per person
Food or Drink Served? ☐ Yes ☐ No	Alcohol Served? ☐ Yes ☐ No
Are event signs needed? ☐ Yes ☐ No	

Type of Space Requested:

☐ Farragut Inn (Full)	☐ Gymnasium	☐ Lander Hall Room 160
☐ Ballroom (Farragut Inn)	☐ Lander Hall Room 111	☐ Lander Hall Room 170
☐ Living Room (Farragut Inn)	☐ Lander Hall Room 113	☐ Lecture Hall A (Lander Hall)
☐ Denny's (Farragut Inn)	☐ OC-A (Farragut Inn)	☐ Lecture Hall B (Lander Hall)
☐ Auditorium	☐ OC-B (Farragut Inn)	☐ Other:

FOR OFFICE USE:

☐ Approved ☐ Not Approved _____ _____
Dean or Program Chair Signature Date

Copies To:

☐ Food Service ☐ Facilities ☐ Master Calendar ☐ Rabbi ☐ IT

Acceptance of this form does not constitute approval