

WORK ORDER REQUEST

Please Submit to the Student Events Coordinator
AT LEAST TWO WEEKS PRIOR TO ACTIVITY

Activity Date: _____

Name of Responsible Person: _____

Activity Title: _____

Activity Location: _____

Activity Start and End Time: _____

Set-up Completion Date: _____ Time: _____

PLEASE REVIEW THE LIST BELOW AND INDICATE THE ITEMS YOU NEED FOR YOUR ACTIVITY:

- Number of Tables _____ 8' _____ 6'
- Number of Chairs _____
- Number of Garbage Cans _____
- Podium
- Stage 16' x 32' Other Size _____
- Electricity for Main Mall (*Can be placed by Cosmetology or Bookstore*)
- Other: _____

Describe where requested items are to be placed and include a diagram of the specific layout:

