



## Special Request Form

Event : \_\_\_\_\_

Date: \_\_\_\_\_ Time: From \_\_\_\_\_ To \_\_\_\_\_

**Audio Visual request:**

Person Responsible\* Name \_\_\_\_\_

Program \_\_\_\_\_

Reg. No: \_\_\_\_\_

Cell No: \_\_\_\_\_

Equipment Name : \_\_\_\_\_

\* The person responsible must ensure that the equipment is left in the same working condition as received.

**Seating request:**

Room: \_\_\_\_\_

No. of chairs \_\_\_\_\_ Arrangements: \_\_\_\_\_

**Refreshment request:**

No. of participants \_\_\_\_\_

Items \_\_\_\_\_

Time needed \_\_\_\_\_

*No food will be served or used in the auditorium and in any of the classrooms, etc.*

**Transport request:**

Place of visit: \_\_\_\_\_

No. of persons: \_\_\_\_\_ Type of transport required: \_\_\_\_\_

Any other special arrangement: (please specify)

Requested by \_\_\_\_\_

Program Manager \_\_\_\_\_

Head of Campus \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Date: \_\_\_\_\_

**Please make your request at least 48 hours in advance to the Admin. Office.**