

University of Memphis – Resource 25 Scheduling Request Form

Resource 25 Reference Number (for scheduler use only) _____

Name of Scheduler: _____

Name of Event: _____

Type of Event (meeting, conference, reception, etc.): _____

Description of Event: _____

Name of Requestor: _____ Title of Requestor _____

Address: _____

Phone Number: _____ Fax Number: _____ Email: _____

Organization: _____ Organization Address: _____

Category of Event

Please select all categories relevant to the event. (Example: If the event is to benefit students or if they would be interested in the event, choose the student category.)

STUDENTS	BUDGETING	TOUR OF CAMPUS	CLOSED TO THE PUBLIC
FACULTY/STAFF	CAMP	PLANNING	OPEN TO THE PUBLIC
UNIVERSITY EVENT	HIGH SCHOOL	PUBLIC SERVICE	DON'T PUBLISH TO THE WEB
ACADEMIC EVENT	ELEMENTARY/MIDDLE SCHOOL	CREDIT CLASS	REVENUE PRODUCING
ADMINISTRATIVE EVENT	RECRUITING - UNDERGRADUATE	NON-CREDIT CLASS	
ALUMNI EVENT	RECRUITING - GRADUATE	THESIS/DISSERTATION DEFENSE	
ATHLETIC EVENT			

Requirements

(Requestors are responsible for completing the requisite forms and obtaining the appropriate signature approvals.)

Is an off-campus organization associated with this event? (Submit Form A)	Are more than 55% of the attendees from off campus? (Submit Form A)
Is a religious organization associated with this event? (Submit Form A)	Is the purpose of this event a for profit purpose? (Submit a Form A)
Is there corporate involvement associated with this event? (Submit Form A)	Does the sponsoring organization intend to bring food on campus? (Submit Application for Exception to Bring Food on Campus)
Is an admission fee being charged for this event? (Submit a Request for Authorization to Solicit Funds form)	Security Required - Check if more than 100 off-campus attendees (Submit Security Request Form)
Fund Raising (Submit a Request for Authorization to Solicit Funds form)	Custodial Assistance Required
Requires Outdoor Amplification (Sumit an Outdoor Amplification Form)	Additional Parking Required (check if more than 100 off-campus attendees)

Please indicate the type of equipment required to support your event: _____

Includes Catering: Yes ___ No ___ Type and amount of food required: _____

Reservation Name <i>(Different Reservation names are required if multiple activities occur within the same event. i.e. An event has all of the following: luncheon, meeting, breakout sessions and theatrical performance)</i>	Date of Reservation	Time of the Reservation From To	No. of Attendees	Space Assignment

Use the reverse side of this form to provide additional reservation information.