

Event file#: \_\_\_\_\_

## Special Event Request Form – ECHA Occupants

### CONTACT INFORMATION

Date of Request:	
ECHA Unit/Department/Faculty hosting event:	
Event Contact Name:	
Email:	Phone Ext:

### EVENT DETAILS

Event Name / Title:		
Type of function:	Date of function:	
Provide short description of event:		
Actual event time:	Start:	End:
Access outside of business hours requested: Yes      No		
Event Set-up: <i>If different than above</i>	Date:	Time:
Event Tear down/Clean-up: <i>If different than above</i>	Date:	Time:
<b>Note: Include adequate set-up/tear down time into event planning to avoid affecting other bookings.</b>		
Target audience (invitation will be extended to):		
Estimated number of attendees:		
Speed-code: <i>Should additional cleaning or repair services be required, the event coordinator will be consulted before any charges are made.</i>		
<b>Note: At this time, custodial charges apply to events held on administrative levels between Friday 3:00 pm through to Sunday 5:00 pm, or upon request.</b>		

**REQUESTED SPACE(S):**

**Administrative Levels:**

**North Atrium:**

Include Room 3-140: YES NO Open the glass walls: YES NO

Include Room 3-150: YES NO Open the glass walls: YES NO

**The following areas of the North Atrium are closed to staff during this event:**

FULL ATRIUM NUTRITION NOOK STAIRS SEATING

**North Patio:** *(Note: Patio is closed between November - April)*

**South Atrium:**

**The following areas of the South Atrium are closed to staff during this event:**

FULL ATRIUM NUTRITION NOOK STAIRS SEATING

**South Patio:** *(Note: Patio is closed between November - April)*

**Public Levels (L1, 1 & 2):**

**Mainstreet Level 1:**

*Specify areas below:*

All Midway Points Northeast Entrance *(Starbucks)* Southeast Entrance *(Tall Counter Alcove)*

**Mainstreet Level 2:**

*Specify areas below:*

All Midway Points North Pedway *(ECHA/MSB)* South Pedway *(ECHA/LRT)*

**Level 2 Cafeteria:**

*Specify areas below:*

Alcove Nook Only Entire Cafeteria Space

**CATERING:**

Event catering:      Food &amp; Beverage                      Beverage only                      None

Caterer/ Service Provider:

Is Alcohol being served? YES              No

\*If Yes, a liquor permit must be obtained. ECHA Admin will provide details on how to obtain a permit.

**ADDITIONAL REQUESTS AND INFORMATION FOR SPACE USE:***(Including requests for boards/ easels, tables, etc.)***EVENT SUPPORT & APPROVAL**

Functions in ECHA must be supported and approved by a member of the senior administration of the faculty/department/unit hosting the event. Signing acknowledges that the request has been reviewed and is supported and approved, as it is in keeping with the accepted space use guidelines.

**EVENT APPROVED:** I have reviewed the event request and on behalf of the senior administration, acknowledge that it is approved and supported.

**Name of APO/designate in senior administration role reviewing event request:**

Name:

Role:

Email:

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SIGNATURE OF APPROVER

DATE