

Checklist for Special One-Time Events

Your event is tentatively scheduled until the following procedure has been completed:

OSL Advisor Signature & Date _____

Contact Richard Jenkins, OSL student organizations advisor, 893-4551, or e-mail: richard.jenkins@sa.ucsb.edu for a budget and planning guide. The guide must accompany this request form.

Hall Manager Signature & Date _____

Contact hall manager for logistical and media needs:

- | | | | |
|--------------------------|----------------------|---------------------------|---------------|
| <input type="checkbox"/> | Campbell Hall | J.O. Davis | 893-2461 |
| <input type="checkbox"/> | IV Theatres | Erik Moore | 893-4466 |
| <input type="checkbox"/> | Embarcadero Hall | Michael Figueroa | 893-4990 |
| <input type="checkbox"/> | Girvetz 1004 Theatre | Jim Gallagher | 893-3549 |
| <input type="checkbox"/> | Buchanan Hall | Miguel Decoste | 893-2332 |
| <input type="checkbox"/> | Theater Dance | Eric Mills/Susan McMillan | 893-3022/7501 |

OSL Bookkeeper Signature & Date _____

Contact Coleen Sears, OSL student organizations bookkeeper, 893-4555, or e-mail: coleen.sears@sa.ucsb.edu for access to account status.

Please return form to:

Grace Lapinid
Campus Events Scheduler
Office of Student Life
2260 SRB
Mail Code 5010

by _____
(3 weeks prior to event)

To contact Grace, call (805) 893-4491, or email: grace.lapinid@sa.ucsb.edu

Campus Scheduler Signature & Date

CAMPUS SCHEDULING SPACE REQUEST FORM

Please Print Legibly

Organization _____

Authorized Requestor _____ Phone Number _____

Signature (MUST be an authorized signer) E-mail _____

Event Title: _____

Day of the Week: M T W TH F SAT SUN

Date(s): _____

Start Time: _____ End Time: _____

Facility Preferences: 1) _____

2) _____ 3) _____

Expected Attendance: _____

- Event Type:
- | | | |
|----------------------------------------|--------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Meeting | <input type="checkbox"/> Conference | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Study Session | <input type="checkbox"/> Performance | <input type="checkbox"/> Film/Video |
| <input type="checkbox"/> Banquet | <input type="checkbox"/> Rehearsal | <input type="checkbox"/> Speaker |
| | <input type="checkbox"/> Reception | <input type="checkbox"/> Other (describe) |

Will you have music? Yes No
(For Storke Plaza only, if you have music, complete and sign Music Guidelines form)

Special Requirements?

Media equipment required or OSL funds being used?

Yes _____ No

If yes, you MUST contact OSL bookkeeper.

If your event is a film, performance, speaker, dance, or special event, you MUST contact an OSL advisor.

**ALLOW 5 WORKING DAYS TO
PROCESS REQUEST**

OFFICE USE ONLY:

Received:

Confirmed:

Confirmation #: