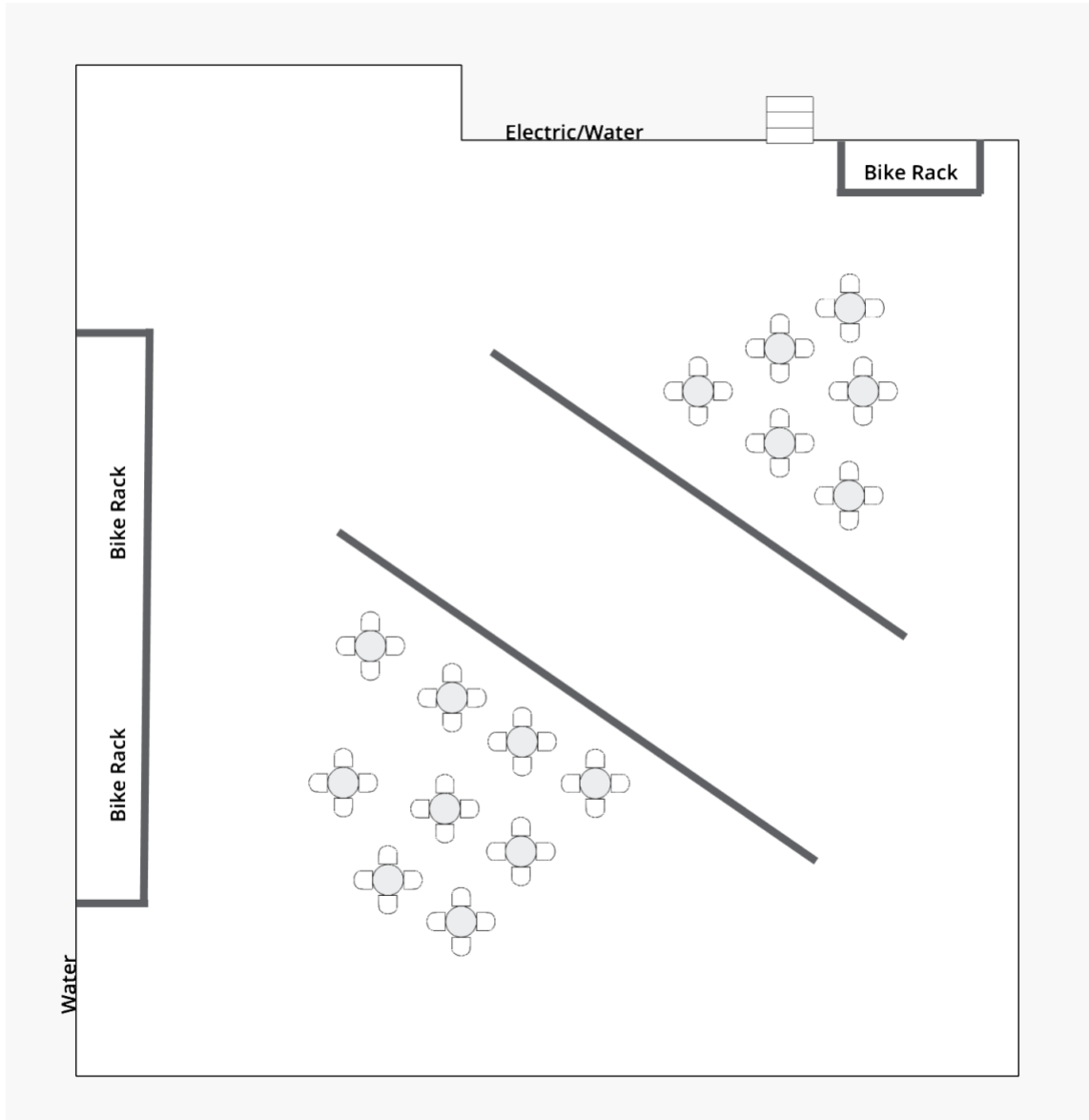


Chamberlain Student Center BACK PATIO

Event Name: \_\_\_\_\_ Event Date: \_\_\_\_\_

Event Start Time: \_\_\_\_\_ Organization: \_\_\_\_\_

Event End Time: \_\_\_\_\_ Event Contact Name: \_\_\_\_\_



Please use the space below to indicate any additional set up requests. This form must be submitted **at least one week (5 business days)** prior to your event date.