

SPECIAL EVENT FORM

Please have this form completed and submitted at least **2 weeks** prior to your event.

| | |
|----------------------------------|-----------------------|
| Club Name: | Date: |
| Name of Special Event: | |
| Proposed start date of event: | Ending date of event: |
| Proposed Start time of event: | Ending time of event: |
| Location of Event: | |
| Description of Event: | |
| | |
| Any other pertinent information: | |
| | |
| Individual in charge of event: | Phone #: |
| Secondary Contact: | Phone #: |

Office Use Only

| | |
|------------------------------------|----------------|
| Name of Supervisor Receiving form: | Date Received: |
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**CAMPUS
RECREATION**

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