

2025 Internal Summer Program Request Form

(Due no later than 10/30/2024 to Universityevents@cau.edu)

Date Form Submitted _____

Name of Program _____

CAU Sponsoring Department _____

Program Manager's Name _____ Title _____

Email _____ Cell Phone Number _____

Earliest Requested Check-In/Start Date _____

Expected Check-Out/ End Date _____

Are these dates flexible? Yes No

Please provide age range of program participants: _____

Overnight Room Request:					
Check-in Date	Check-Out Date	Attendee/Staff	Female/Male	#Single Rooms	#Double Rooms

Will your group require internet access or other AV services? _____

What additional services do you require (check all that apply): Catering

Meeting or Classroom Spaces Recreation Parking Bus or Shuttle

Other

Conference Dining (check all that apply):

Breakfast Lunch Dinner

*Complete the form below.

	Requested Time	Requested Start Date	Requested End Date
Breakfast			
Number of Guests (Breakfast)			
Lunch			
Number of Guests (Lunch)			
Dinner			
Number of Guests (Dinner)			

Provide information about catered events or meal other than conference dining

***Please complete the following pages for your location requests.**

*** In addition, please attach a preliminary itinerary/run of show**

Bishop C.L. Henderson Student Center				
Day/ Date	Location	# of participants	Set-up	Start – End Time

Thomas Cole Science Center				
Day/ Date	Location	# of participants	Set-up	Start – End Time

Center CAU Academic Classrooms/ Conference Rooms				
Day/ Date	Location	# of participants	Set-up	Start – End Time

Epps Gym/ Panther Stadium				
Day/ Date	Location	# of participants	Set-up	Start – End Time

Quadrangles/Other/ Museum				
Day/ Date	Location	# of participants	Set-up	Start – End Time

****Note:** This is an estimation of all the dates and times. Use may vary depending on changes in the schedule.

Pre-approvals Required

Program Manager Signature	Date:
Unit Head, Dean, Chair, or Director Signature (Internal Only)	Date:

For Office Use Only

UME (University Meetings & Events)	<input type="checkbox"/> Applicable	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date:
External Affairs	<input type="checkbox"/> Applicable	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date:
Student Leadership & Engagement (Student Center Space)	<input type="checkbox"/> Applicable	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date:
Registrar's Office (required for academic buildings)	<input type="checkbox"/> Applicable	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date:
Andree Burgess	<input type="checkbox"/> Applicable	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date:
Residence Life (Sleeping Rooms)	<input type="checkbox"/> Applicable	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date:
Athletic Department (<i>Required for Stadium & Gym Use Only</i>)	<input type="checkbox"/> Applicable	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date:
Public Safety (Required for all events) #Officers _____ Cost \$ _____	<input type="checkbox"/> Required	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date:
Facilities Fees after normal business hours if overtime is required: C&W: \$ _____ Staff: \$ _____	<input type="checkbox"/> Applicable	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date:
Cynthia Gomes (Parking Lots)	<input type="checkbox"/> Applicable	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date:

*** Attach additional pages if you need this for your program

