

## 2025 External Program Request Form

(Return form and preliminary itinerary to [Universityevents@cau.edu](mailto:Universityevents@cau.edu))

Date Form Submitted \_\_\_\_\_

Name of Program \_\_\_\_\_

Name of Sponsoring Organization \_\_\_\_\_

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
<b>Breakfast</b>			
<b>Number of Guests (Breakfast)</b>			
<b>Lunch</b>			
<b>Number of Guests (Lunch)</b>			
<b>Dinner</b>			
<b>Number of Guests (Dinner)</b>			

**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**

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

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

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

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

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

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

Program Manager Requestor Signature	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:
Sodexo	<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 &amp; Gym Use Only</i> )	<input type="checkbox"/> Applicable	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date:
<b>Public Safety (Required for all events)</b> #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