

Non-University Organization Scheduling Request

Name or Title of Event: _____

Day(s)/Date(s) of Event: _____

Sponsoring Organization: _____

Phone Number: _____

Primary Contact Person: _____

Mailing Address: _____
Street/PO Box City ST Zip

Phone Number: _____

E-Mail Address: _____

Specific Facilities and Equipment Requested: _____

Expected Attendance: _____

Complete Event Description: _____

Yes No Will food or drink be served?

Yes No Will University Food Services be providing the food?

Yes No Will event be used as a recruitment tool of any kind for potential employees?

Yes No Will spectators be charged an admission or asked for donation?

Yes No Will tickets be issued?

Yes No Will event participants (not audience) be charged to participate?

Yes No Is there entertainment? If yes – please describe: _____

Event Start Time: _____ Event End Time: _____

Arrival time for set-up of event: _____

Departure time after event conclusion: _____

Name of the responsible contact person attending the event: _____

Submit form by using buttons at top, e-mail scheduling@byui.edu, or fax to (208) 496-5148