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| **Date:** | **1/23/2018** | | | | | | | | | | | |  | | | | | | | | | | | | | |
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| **Carson Campus** | | | | |  | | | **Fallon Campus** | | | | | | | | |  | | | **Douglas Campus** | | | | | | |
| **Preferred Location:** | | | | | **Building(s):** | | | | |  | | | | | | | | | **Room(s):** | | | |  | | | |
| **Organization:** | |  | **Commercial** | | | | | |  | | **Non-Profit** | | |  | **State of NV** | | |  | | | **Student** | | |  | **Other:** |  |
| **Open to the public?** | | | | **YES** | | | **NO** | | | | | **Children’s event?** | | | | **YES\*** | | | **NO** | | | **\*If YES, please attach your company \*policy for the protection of children.** | | | | |
| **Do you require a set-up?** | | | | | | **There is a 48-hour minimum notice required for a small set-up and 72-hours for a larger one. Please make all requests through the contact listed below or via MPulse (internal use only).** | | | | | | | | | | | | | | | | | | | | |

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| --- | --- |
| **Name of Event:** |  |
| **Day and Date:** |  |
| **Start and End Times** |  |
| **Number of Participants:** |  |

|  |
| --- |
| **Description of Event:** |
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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Contact Person:** |  | | | | |
| **Name of Organization:** |  | | | | |
| **Work Phone Number:** |  | **Other:** |  | **Fax:** |  |
| **Work Email Address:** |  | | **Other Email Address:** |  | |

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| --- | --- | --- | --- |
| **Campus Resources:** | **Contact:** | **Email:** | **Phone Number:** |
| **Special Set-up or Equipment:** | **William Sisco** | **Willaim.Sisco@wnc.edu** | **775-445-3355** |
| **Media Equipment:** | **Media Services** | **Mediaservices@wnc.edu** | **775-445-4241** |
| **Security:** | **Jack Piirainen** | **Piiraine@wnc.edu** | **775-230-1952** |
| **Catering:** | **Wildcat Den** | **wildcatden@wnc.edu** | **775-445-3254** |

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| **❑ Location Approved:** | | **❑** Baseball Field **❑** Computer Lab **❑** Other | | | | | | | | | |  |  | | | |
| **(Approval Attached)** | |  | **Date** | | | |
| **❑ Event Approved:** | |  | | | | | | | | | |  |  | | | |
|  | | | | | **Jack Piirainen, Director of Public Safety** | | | | | | |  | **Date** | | | |
| **❑ Approved as to Form:** | |  | | | | | | | | | |  |  | | | |
|  | | **Darla Dodge, Interim Vice President** | | | | | | | | | |  | **Date** | | | |
| **❑ Facility Use Approved:** | |  | | | | | | | | | |  |  | | | |
|  | | **Darla Dodge, Interim Vice President** | | | | | | | | | |  | **Date** | | | |
| **❑ Fee Waiver Approved:** | |  | | | | | | | | | |  |  | | | |
|  | | **Dr. Vincent Solis, President** | | | | | | | | | |  | **Date** | | | |
| ***FOR OFFICE USE ONLY*** | | | | | | | | | | | | | | | |  | |
| **Room Assigned:** |  | | | | | | **Billable:** | **Yes** | |  | **No** | | | |  |  | |
| **Assigned Date:** |  | | | | | | **Non-Profit Agency:** | **Yes** | |  | **No** | | | |  |  | |
| **Assigned By:** |  | | | | | | **State Agency:** | **Yes** | |  | **No** | | | |  |  | |
| **Date Confirmation Sent:** |  | | | | | | **Campus & Buildings Maps sent:** | **Yes** | |  | **No** | | | |  |  | |
| **Request Type:** | **Internal:** | |  | **External:** | |  | **Refundable Security Deposit:** | **Yes** | |  | **No** | | |  | |  | |
| **Additional Information:** |  | | | | | | **Campus Policy Sent:** | **Yes** |  | | **No** | | | |  |  | |