|  |  |  |
| --- | --- | --- |
| **Date:**  | **1/23/2018** |  |
|  |  |  |
| **[x]  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).** |

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

|  |
| --- |
| **Description of Event:** |
|       |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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** |

|  |  |  |  |
| --- | --- | --- | --- |
| **❑ 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** |  |  |