Special Request Form

Event: ____________________________________________________________

Date: _________________ Time: From ________________ To ___________________

Audio Visual request:
Person Responsible* Name _________________ Program _________________
Reg. No: ___________________ Cell No: _________________
Equipment Name: ___________________________________________________

* The person responsible must ensure that the equipment is left in the same working condition as received.

Seating request:
Room: _____________________________________________________________
No. of chairs _________________ Arrangements: ____________________________

Refreshment request:
No. of participants _________________________________________________
Items _____________________________________________________________
Time needed _________________________________________________________

No food will be served or used in the auditorium and in any of the classrooms, etc.

Transport request:
Place of visit: _____________________________________________________
No. of persons: _________________ Type of transport required: _______________

Any other special arrangement: (please specify)

Requested by _________________ Program Manager _________________ Head of Campus _________________
Date: ____________________ Date: ____________________ Date: ________________

Please make your request at least 48 hours in advance to the Admin. Office.

Revised January 25, 2003