



OFFICIAL USE ONLY – EMS Reservation #: _____		
Date Received:	_____	Initials: _____
Event Date:	_____	Time: _____ Zone: _____

CATHEDRAL OF LEARNING LAWN REQUEST

Return form to M-4 William Pitt Union, the Reservations Office. An approved copy will be returned to the Requestor and must be in the Requestor's possession during the event. Questions? Call (412) 648-7817.

Reservation forms must be submitted a minimum of 4 (four) weeks prior to the date requested.

Requestor Name: _____

Email: _____ Phone: _____ Account #: _____

Organization/Department: _____

Event Date: _____ Time: _____ to _____ Lawn Zone: 1 2 3 4

Event Name: _____ Expected Attendance: _____

Nature of Event: Picnic Athletic Other: _____

Event Open To (check all that apply): Pitt Students Non-University Groups University Administration
 Faculty Alumni News Media Children Other: _____

EVENT ENTERTAINMENT

Will music, live entertainment, portable radios, or speakers be a part of the program? Yes No

Artist/Speaker/Group: _____

Topic/Title: _____

SETUP ARRANGEMENTS

Initiate contracts with the following. Fees may be charged for services. Please visit event site to determine needs.

Furniture, tables, and chairs Electrical Tent Set-up (Permit Required) Trash Removal/Grounds Crew

To apply for the above services, visit the **Facilities Management** website: www.facmgmt.pitt.edu (412-624-8809)

Audio/Visual Equipment: Visit the **CIDDE** Classroom Services website: www.CIDDE.pitt.edu (412-648-7240)

Security Services: Email **University Police** Lt. James Kenna: jfk5@pitt.edu (412-624-3241)

Food & Beverage Services: Email **Campus Catering:** catering@bc.pitt.edu (412-648-2302; www.catering.pitt.edu)

Will utilize space AS IS. **Please note that the University will require reimbursement for any additional maintenance and security costs, and/or any damages resulting from your event.

In case of emergency, contact the areas involved (numbers above) or University Police at (412) 624-2121.

FACULTY, STAFF, OR ADMINISTRATIVE ADVISOR/SPONSOR

By signing below I acknowledge that, as the advisor/sponsor of this event, I approve the event details and setup.

Name: _____ Position: _____

Department: _____ Email: _____

Campus Address: _____ Phone: _____

Signature: _____ Date: _____

REQUESTOR (Organization or department representative and main contact for the event.)

By signing below I accept that all additional damages/additional charges that occur from this event will be charged to the account number listed above.

Name: _____ Position: _____

Signature: _____ Date: _____

SORC Business Manager Signature: _____ Date: _____

(SORC Business Manager Signature Required for Student Organizations ONLY)

OFFICIAL USE ONLY

Request is: Approved Denied Notes: _____

Senior Vice Chancellor Signature: _____ Date: _____