Campus Use/ Event Planning Office. Student Union Memorial Center. Room 348 Phone (520) 626-2630 Fax (520) 621-2545

EXPRESS CAMPUS USE ACTIVITY FORM

TO BE USED FOR THE SOLE PURPOSE OF HOSTING A TABLE <u>ONLY</u> ON THE UA MALL. TO UTILIZE THIS FORM, YOUR EVENT <u>MUST NOT REQUIRE SECURITY</u>, <u>RISK MANAGEMENT</u>, <u>OR INVOLVE COMMERCIAL ACTIVITY</u>.

ALL OTHER REQUESTS MUST USE MAIN REQUEST FORM.

This request must be completed and approved by the Arizona Student Unions Mall Event Scheduling Office a minimum of <u>ONE CALENDAR WEEK PRIOR TO EVENT</u>. Please type or print legibly.

Event Title	
Contact Person	Phone
Local Address	Email
Description of Event: [] Information/Recruitment [] (Other
Date Requested	Time Requested (starting & ending)
Area Requested	
[] YES [] NO If yes, please describe	
, , , , , , , , , , , , , , , , , , , ,	nday through Friday and 5 -7 p.m. Monday through Thursday (Weekend requests are considered separately 232 ONE calendar week before the event to arrange services and payment. All transactions will be by ER EQUIPMENT!
 Equipment/Services If yes, contact 621-73 check only. THIS FORM DOES NOT ORD 	232 <u>ONE</u> calendar week before the event to arrange services and payment. All transactions will be by
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