

**LEE  UNIVERSITY**  
**EVENT REQUEST FORM**

Requestor:

Phone:

Event Name:

Event Date:

Event Location:

Building:

Set-Up Time:

Tear-Down Time:

Time of the Event:

Quantity:

\_\_\_\_\_ Chairs

\_\_\_\_\_ 6' Rectangle Tables

\_\_\_\_\_ 5' Round Tables

\_\_\_\_\_ Trash Cans/Liners

\_\_\_\_\_ Banner

Please diagram room as you wish it to appear:

Send completed form to Physical Plant through desk mail, or fax to 614-8090.