



This Form is for Special Events Only (Groups), NOT for Guest Reservations. Mail Drop 8290 or Fax (818) 677-4747.

I. EVENT INFORMATION:

Name of the Event: _____ Location: _____

Event Begins: _____ Event Ends: _____

Campus Department Sponsoring the Event: _____

1st Contact Person: _____ Phone: _____ Email: _____

2nd Contact Person: _____ Phone: _____ Email: _____

1. Estimate number of people attending from on-campus: _____

2. Estimate number of people attending from off-campus: _____

3. Are V.I.P. Guests attending? Yes No

4. Will persons with disabilities require parking? Yes No

5. Will you need parking permits in advance? Yes No

6. Will you need signage put out? Yes No

7. Will you need a Parking Attendant?
(Additional charges will be assessed) Yes No

8. Is loading/unloading required? Yes No

9. Will you need the Valet Service?
(Additional charges will be assessed) Yes No

10. Will you need a parking area cordoned off? Yes No

11. Will you be using a Chargeback? Yes No

12. Will set-up be required the day before?
(Additional charges will be assessed) Yes No

[View the Requirements for Police Details and Events on Campus.](#)

Authorized Signature: _____ Print Name: _____ Date: _____