



* Date of your request _____

****REQUEST FORM FOR 2012****

DATE OF EVENT: _____

EVENT SPONSOR: _____
& MAILING ADDRESS: _____

EVENT TIME
(alumnus to arrive 15 mins prior
unless indicated otherwise): _____

ONSITE CONTACT/ CELL #.: _____

E-MAIL: _____

ADDRESS FOR EVENT:
(please be specific) _____

WHERE TO MEET (at event): _____

PARKING ACCOMODATIONS:
(space must be reserved for alumnus): _____

SIZE OF GROUP: _____

TYPE OF EVENT: _____

EVENT ATTIRE: _____

REQUIRED: Please attach detailed parking instructions and Parking Pass, if needed (pass will be returned if an alumnus is not confirmed for the event)

****Please note:**

- 1) This form does not guarantee that someone be available on the date of your event.
- 2) If someone is assigned to your event he will only be available for a one (1) hr time frame. However, if he is unable to attend due to an emergency or other unforeseen circumstance, we will make every effort to reschedule with your organization.
- 3) This form is **NOT** to be copied and re-used for another event