

REC CENTER/POLICE EVENT REPORT

Day: _____

Date: _____

Time: _____

Event: _____ Attendance: _____

Sponsoring Organization: _____

Person In Charge: _____ Home Phone: _____

Day Phone: _____

E-Mail Address: _____

Send Bills To: _____

Police Needed: _____ Officers Time: _____

_____ Supervisor

Other Pertinent Information: _____

This form **MUST** be completed and signed by the Director of the Student Recreation Center and the University Police Department.

Director, Student Rec Center: _____ Date: _____

Police Department
Special Events Coordinator: _____ Date: _____