



Office of Recreation
Police Event Form

Event Day & Date

Event Start Time

Event End Time

Organization

Event Nature

Applicant Name

Applicant Email

Work Phone

Home Phone

Cell Phone

Billing Address
(If Necessary)

Police Needed:

Yes

Number

Time

No

Other 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 _____