

Custodial Information Request

---

HSA Event Request

Name of Event\_\_\_\_\_

Event Date\_\_\_\_\_ Start Time\_\_\_\_\_ End Time\_\_\_\_\_

Event Location(s)\_\_\_\_\_

Tables Needed\_\_\_\_\_Chairs Needed\_\_\_\_\_

Podium\_\_\_\_\_

Audio Equipment Needed \_\_\_\_\_

Doors to be used/Kept Open\_\_\_\_\_

Other\_\_\_\_\_

Contact Info For Person/Committee In Charge of Event

---

Requested By\_\_\_\_\_ Date\_\_\_\_\_

Table/Chair Diagram



Forms **MUST BE SUBMITTED ONE WEEK PRIOR** to your event to the main  
office.

Please attach any additional information as needed.

*Thank you*