



ECKERD COLLEGE

FACILITIES MANAGEMENT

EVENT REQUEST RIDER

Goal: To establish a comprehensive view of and track activities required to support events.

EVENT NAME: _____		WO # _____	
I. EVENT INFORMATION – <i>(completed by requestor)</i>			
REQUESTOR		DEPARTMENT	
LOCATION		CONTACT #:	
START DATE & TIME		LOAD-IN DATE/TIME	
END DATE & TIME		LOAD-OUT DATE/TIME	
# OF ATTENDEES		FOOD &/OR DRINK	
SETUP STYLE			
II. RESOURCE NEEDS - <i>(completed by Facilities)</i>			
Tables		Power	
Chairs		Water	
Trash Cans		Lighting	
Setup Crew		Golf Carts	
Tear Down Crew		Security Needed?	Call 8260
Event Crew (Grds, Hskp, Mtce, Addl)		Audio/Video Needs	Call ITS @ x8318
III. FACILTIES COST			
LABOR HOURS (REGULAR):			
LABOR HOURS (OVERTIME):			
MATERIALS:			
NOTES: _____			

