



**OFFICE OF STUDENT SERVICES  
& DEVELOPMENT  
STUDENT ACTIVITIES &  
FACILITIES REQUEST FORM**



**This request form must be submitted to OSSD twenty-eight (28) days prior to the date(s) requested  
Please read all relevant material provided by OSSD before signing and submitting this form**

\_\_\_\_\_  
*Name of Club/Society*

\_\_\_\_\_  
*Contact Person*

\_\_\_\_\_  
*Phone #*

\_\_\_\_\_  
*Email Address*

\_\_\_\_\_  
*Contact Person*

\_\_\_\_\_  
*Phone #*

\_\_\_\_\_  
*Email Address*

\_\_\_\_\_  
*Contact Person*

\_\_\_\_\_  
*Phone #*

\_\_\_\_\_  
*Email Address*

**Description of Event & Dates:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Student Event:**     Profit                       Non-Profit

**Please check the facilities you would like to reserve/request:**

Moot Court     EBCCI     Student Guild     Mount     3W's Pavilion

Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



**Teaching Complex:**

- LT1     LT2     LT3     Kitchenette     LR1     LR2     LR3
- LR4     TSR1     TSR2     TR3
- Other: \_\_\_\_\_

**Out Door Facilities:**

- Astro Turf     SCR Car Park     Roy Marshall Car Park     Guild Lawn
- Law Pitt
- Other: \_\_\_\_\_

**Infrastructural Services:**

- Stage removal /replacement                       Tables & Chairs (on the inside)
- Lectern     Blue boards/Poster boards
- Electrical Supply

**Security:**

- Use of electricity after 6pm                       Security personnel                       Use of flags

**Guild:**

- PA system     Audio Cable
- Wired Microphone:
- Standing Microphone Stand:

- Tables- No. \_\_\_\_\_                       Chairs- No. \_\_\_\_\_



Signature of person requesting facilities/in charge of event(s) \_\_\_\_\_

Print Name: \_\_\_\_\_

Date (Dd/Mm/Yyyy): \_\_\_\_\_

**Official Guild Stamp**



Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date (Dd/Mm/Yyyy): \_\_\_\_\_

**Please note that this form must be accompanied by a comprehensive proposal of your week of activities**




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## OFFICIAL USE

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### Security Services:

No. Personnel Required: \_\_\_\_\_ Hours Required: \_\_\_\_\_

Rate per Hour: \_\_\_\_\_

Approved

Not Approved

Signature of Chief Security Officer: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date (Dd/Mm/Yyyy): \_\_\_\_\_

### Infrastructural Services:

[maintenance@cavehill.uwi.edu](mailto:maintenance@cavehill.uwi.edu)

Specify request: \_\_\_\_\_

Approved

Not Approved

Signature of Maintenance Manager: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date (Dd/Mm/Yyyy): \_\_\_\_\_

### Director of Student Services & Development

[studentservices@cavehill.uwi.edu](mailto:studentservices@cavehill.uwi.edu)

Approved

Not Approved

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date (Dd/Mm/Yyyy): \_\_\_\_\_