

<b>Student Activities Administration CAMPUS PRODUCTION REPORT</b>			<b>Expected Attendance #</b>	<b>Budget / Org #</b>
Attachments Required	Facilities Work Request <input type="checkbox"/>	Till Request <input type="checkbox"/>	Film/Sound Image Library <input type="checkbox"/>	Food Event <input type="checkbox"/>
Name of Event			Date of Event	
Type of Event		Location/Venue		Times (Set-up/begin/end)
Contact Coordinator		Phone Number		Admission Students \$ _____ Gen. Adm. \$ _____
Sponsor	Advisor	Extension		
<b>Please get the following checked signatures</b>				
1. Account Manager				Date
2. Space Scheduling, <input type="checkbox"/> Space Scheduling (Lab 2 Facilities Office, ext. 6314) <input type="checkbox"/> Communications Bldg. <input type="checkbox"/> Campus Rec. Bldg.				
Signature				Date
3. Facilities, LAB II, 1254, extension 6120		Pick-up Longhouse kitchen keys at Key Issues in Lab II, 1254 ext. 5397		
Environmental Health & Safety Officer Signature:		Longhouse Kitchen \$50 Per Day Work Order # _____		Organic Farm Kitchen Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Audio/Electronic Media (technical requirements must be submitted.) Library 1501, ext. 6268				
Signature				Date
<b>Audio/Media Services Estimate of Charges</b>		<b>Longhouse</b>		
<b>Equipment</b>	<b>Standard Rate</b>	<b>Equipment or Service</b>	<b>Standard Rate</b>	
Sound Reinforcement		Walls Moved		
Podium		P/A System		
Slide Projector		After Hours Access		
Other				
<b>Labor Charges</b>		<b>Labor Charges</b>		
Number of technicians needed				
Number of hours per technician				
<b>Total Charges</b>		<b>Total Charges</b>		
5. Cashier's Office, Lib 1118, ext. 6445				
Signature				Date
6. Police Services, Seminar 2150, ext. 6832				
7. Food Services Catering Manager, Sem.I, rm. 4166, ext. 5017				
Signature				Date
8. Library Dean, L-2309, ext. 6581				
Signature				Date
9. Computer Center Operations, L-1616, ext. 6108				
Signature				Date
10. Authorized coordinator of sponsoring organization: <i>As an authorized representative of the organization, I understand that the organization and myself take full responsibility for any damages or expenses incurred producing the event.</i>				
Signature				Date
<b>PLEASE RETURN TO YOUR ADVISOR WHEN COMPLETED.</b>				

YOUR EVENT WILL NOT BE POSTED ON THE MASTER CALENDAR UNTIL THIS FORM IS COMPLETED AND RETURNED.  
**The Student Activities Administration reserves the right to cancel events for which a completed Campus Production Report is not received at least 48 hours prior to the event.**