Event:		Date of Event:
Start Time: Description of Event:	End Time:	Location of Event:

Statement of applicant: I accept responsibility for monitoring the behavior of those in attendance at this event. I have read and understand that I will comply with the UAA policies and procedures. I understand that I will be responsible for monitoring the event to ensure compliance with the UAA policies and procedures and any specific conditions contained in this request form. * VOEFSTUBOE UIBU UIF TBMF PG CFF QFSNJTTJCMF JO UIF "MBTLB "JSMJOFT I\$\text{WFIIODE} \text{FIRSE} \text{Colleting} \text{The Xnffirle} G \text{Scheduled time of this event and will have a copy of approved request with me at this event.

Signatur F PG "QQMJDBOU 60JWFSTJ	UZ 3FQSFTFOUB D ateWF
Dean/Director/Advisor Approval	Date
Funding Department/Unit Approval (if different from app	proval above) Date

FORCHANCELLO'S OFFICEUSEONLY

Request: ...Approved ...