## 2025 Internal Summer Program RequestForm

(Due no later than 10/30/2024 o University events@cau.edu)

Date Form Submitted

Name of Program

**CAU Sponsoring Department** 

Program Manager's Name Title

Email Cell Phone Number

Earliest Requested Check-In/Start Date

Expected Check-Out/ End Date

Are these dates flexible? Yes No

Please provide age range of program participants

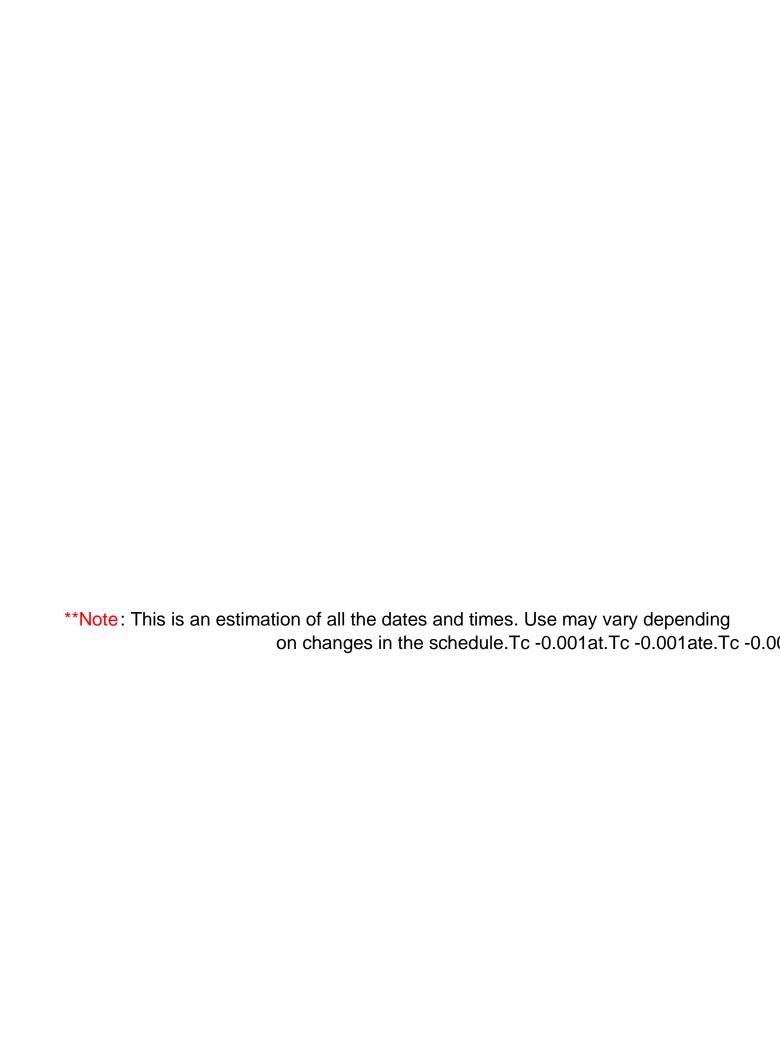
Will your group require internet access or other AV services?

Completethe form bel			-
	RequestedTime	RequestedStart Date	RequestedEnd Date
rovide information a	bout catered events	or meal other than	conference dini

- \*Please complete the following pages forour location requests.
- \* In addition, please attach apreliminary itinerary/run of show

Bishop C.L. Henderson Student Center						
Day/Date	Location	# of participants	Set-up	Start – End Time		

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PreapprovalsRequired					
ProgramManageiSignature	Date:				
Unit Head,Dean,Chair,or DirectorSignature (Internationly)	Date:				
For (	Office UseOnly				
UME (UniversityMeetings& Events)	Applicable Approved Denied Date:				
ExternalAffairs	Applicable Approved Denied Date:				
StudentLeadership& Engagemen(StudentCenterSpace)	Applicable Approved Denied				