

Request for Sound

Student Center & Event Services
A311 Student Center, Irvine, CA 92697-2050
949-824.5252 • www.studentcenter.uci.edu

Name: _____ Phone: _____

Sponsoring Organization: _____

Registered Campus Organization

Campus Department

Off-Campus Organization

Event Day/Date: _____ Requested Location of Event: _____

Event Time: _____ Requested Sound Time Period: _____

Event Title: _____

Event Description:

Purpose of Event: _____

Expected Attendance (How Many): _____ Expected Audience (Who): _____

Types of Sound:

Reason sound is needed: _____

How will the event be advertised? _____

Approved Authority Use Only

Reservation #: _____ SCES Planner: _____ Date Submitted: _____

Academic Class/
Campus Event Conflicts:

Review Signatures:

Approved

Approved Time Period: _____

Not Approved

Venue Representative/Scheduling Contact

Date

Amy Schulz, Director, Student Center & Event Services

Date

Brice Kikuchi, Associate Vice Chancellor, Student Affairs

Date

Notifications: _____

I agree to adhere to the approved dates, times and locations of sound. Any violation of the approval may result in revocation of future approved dates and non-approval of future requests. Any sound complaints received during this event may result in the need to reduce sound levels and may affect the approval status for future events and requests.

Acknowledgement of Agreement by Applicant: _____

Applicant Signature

Date