

ASU
Newport

Activity Request

Submitted by _____

Date _____

Activity _____

Date of Activity _____

Location On-Campus Room # _____

Time : From _____

Off-Campus Location _____

To _____

Instructions for Set-Up _____

Number of Students Involved with Activity _____

Approved:

Administrator _____ Date _____ Yes _____ No _____

	Yes	No	N/A
Rev(s) Checked Out			
Purchase Order Completed			
Maintenance Notified			
Vehicle Reserved			
Security Notified			