## **UVic Outdoor Booking Form**

Event Name:		
Organizer contact:		
Organizer email:		
Date(s) and times of	event:	
Brief description of e (include any seating, food,		and set-up/takedown details):
Desired location(s) fo	or the event: (be as spec	cific as possible)
Number of event sta	ff: Estimate	d number of attendees:
**Review Orders of t	urance details if not UV the PHO on Gathering a nmunicable disease plan	
		from department heads**
 Signature		 Date