

Amplified Sound – Request/Exception Form

Any event requesting amplified sound is considered tentative until approval is granted.

Name: _____ Phone Number: _____

Sponsoring Organization: _____

_____ On Campus Organization _____ Off-Campus Organization

University Affiliation: _____

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

Event time: _____ Requested Time period of Amplified Sound: _____

Title of Event: _____

Purpose of Event: _____

Expected Attendance: _____ Expected Audience: _____

Description of event: _____

Types of amplified sound: _____

Reason amplified sound is needed: _____

How will the event be advertised? _____

UCI Scheduling & Conference Services Use Only:

S&CS Planner: _____

Academic class conflicts: _____

Major Campus event conflicts: _____

Jeffrey T. Cole, Director, UCI Scheduling & Conference Services

Date

Approved: _____ Time Period Approved: _____

Not Approved: _____

Dan Dooros, Associate Vice Chancellor Student Affairs

Date

Signature of Agreement by Applicant: _____

Date

FSAT Other Notifications: _____