

PLEASE REVIEW THE EVENT SAFETY MANUAL

Today's Date _____

Activity Name _____

Sponsor Name and Department/Organization _____

Phone/Cell _____ USF Email _____

1st Contact person (that will be present at activity) _____

Phone/Cell _____ USF Email _____

2nd Contact person (that will be present at activity) _____

Phone/Cell _____ USF Email _____

Activity/Event Location and Details:

Activity Description *(describe all activities - attach additional pages as necessary)*

Activity Date _____ Start Time _____ End Time _____ *(Include setup and breakdown)*

Will there be guest speakers, entertainers, government officials, etc.?

Requested Location _____

Is this activity outdoors? Yes* No

***IF YES, YOU MUST INCLUDE AN INCLEMENT WEATHER LOCATION AND SEVERE WEATHER CONTINGENCY PLAN**

Inclement Weather Location _____

Please attach Severe Weather Contingency Plan *(Template can be found at www.usf.edu/em/planning)*

Will the activity include Static Displays? ([Tent](#), equipment, vehicles, etc.) Yes No

Is the activity open to the public? Yes No

Is the activity advertised to the public? Yes No

Estimated Total Attendance _____

Admission Charge _____ Merchandise Sold _____

Describe any advertising* (posters, radio, TV, web, etc.) _____

***ACTIVITIES MAY NOT BE ADVERTISED PRIOR TO ACTIVITY APPROVAL.**

FOOD:

Will food be served? 1EMC /P0.27 0 1MW 0.004/C20.003 T.98 -0 442 10.98 41.4 6142.106 Tm(W)6.070604/TT20.003 Tc994()Tj-0.004

If providing own coverage, the policy must meet the following requirements at minimum:

General L

