



Office Use Only:
Date Received: _____
Staff name: _____

SANDWICH BOARD USE REQUEST

Please print neatly.

Division/ Department Name: _____

Requestor's Name: _____

Contact #/Email : _____

EVENT NAME: _____

Date(s) of Sandwich Board Use: _____

Number of Boards Requested: _____

Pick-Up Date: _____

I understand that I am responsible for:

1. Providing/Purchasing my own signs to place on the sandwich boards.
2. Placing my signs on the sandwich boards and setting up the sandwich boards on campus (or requesting Facilities do it).
3. Removing my signs from the sandwich boards and returning the sandwich boards to the ACTIVITIES CENTER STORAGE ROOM (or requesting Facilities do it) immediately after my event.
4. Ensuring the sandwich boards are safely secured in my facility if the event occurs over the weekend.

Requestor Signature: _____

For Office Use Only:

Total number of SDO Sandwich boards: 15

Are boards available for dates requested? Yes No

Boards Assigned:	# _____	# _____	# _____	# _____	# _____
	# _____	# _____	# _____	# _____	# _____
	# _____	# _____	# _____	# _____	# _____

Date picked up: _____

Date returned: _____

APPROVED NOT APPROVED

Student Development Office

Date