Digital Media Center Event Request Form

Event Videography ☐   Sound System ☐
*Please allow two weeks to process your request.

Today's Date: _____

Date Needed: _____

Title of Event: _____

Sponsoring Organization: _____

Contact Person's Name: _____

Contact Person's Number: _____

Day/Date of Event: _____

Event Start Time: _____ **End Time:** _____

Doors Open (attendee's arrival time):_____

Location: _____

Room Size: _____

Head Count: _____

SAP Cost Center #: _____

Description of Request:

_____

After completing the form, email to ewalton@wcupa.edu as an attachment.