

Norfolk State University
Office of Student Activities
General Activity Requisition Form

CANCELLATION NOTICE

Cancellation Notices must be submitted no less than (4) working days prior to date of event

Place information in the fields provided. Save this document in My Documents and send as an email attachment to studentactivities@nsu.edu.

DATE: **EVENT ID NUMBER:** **RESERVATION NUMBER:**

CONTACT PERSON: **PHONE #:** **FAX #:**

ORGANIZATION/DEPARTMENT:

DESCRIPTION OF ACTIVITY:

DATE OF ACTIVITY:

TIME OF ACTIVITY:

BUILDING OF ACTIVITY: **ROOM OF ACTIVITY:**

EQUIPMENT TYPES AND QUANTITIES:

CHAIR(S): **TABLE(S):** **LECTERNS:** **MICROPHONES:**

TO BE COMPLETED BY UNIVERSITY DEPARTMENTS

EMS/STUDENT ACTIVITIES	YES ___ NO ___	_____	_____
		SIGNATURE	DATE
UNIVERSITY POLICE	YES ___ NO ___	_____	_____
		SIGNATURE	DATE
FACILITIES MANAGEMENT	YES ___ NO ___	_____	_____
		SIGNATURE	DATE
ORGANIZATION ADVISOR	YES ___ NO ___	_____	_____
		SIGNATURE	DATE
SPECIAL APPROVAL AREA	YES ___ NO ___	_____	_____
		SIGNATURE	DATE

Sign and FAX to 823-2313