

Today's Date

# Request for Outdoor Grounds Custodial

## Contact Information

Name:

Organization:

Address:

Phone:

Email:

## Event Information

Event Title:

Date:

Location:

Please give a general description of the event:

Event Time Start:

Event End Time:

Will you be serving food at your event?

Yes

No

Please describe the food you will serve at the event:

Will you have paper handouts at your event?

Yes

No

Please describe the handouts:

Account Number of the Organization:

## **Cancellation Policy:**

If your event is cancelled within one business day of the start time of the event, you will not be charged. In order to avoid charges, cancellation of services must be made. Your organization will be responsible for payment for events cancelled inside 24 hours of start time.

I have read and understand the policy listed above. By signing this form I attest that I am a duly authorized representative of the listed organization.

Type your name: