



## Amplified Sound Waiver Request

Today is: \_\_\_\_\_

Please submit this form at least 15 days prior to the scheduled event.

**On behalf of my organization, I request permission to provide audio equipment in the EMU Ballroom, Amphitheater, or other outdoor campus location using an outside contractor or other service provider.**

Event Name: \_\_\_\_\_ Reference Number: \_\_\_\_\_

Event Date(s): \_\_\_\_\_ Location: \_\_\_\_\_ Est. Attendance: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_ Requestor: \_\_\_\_\_

Email: \_\_\_\_\_ Phone/Fax: \_\_\_\_\_

### Reason for request:

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### Contractor or Other Service Provider

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

### – OFFICE USE ONLY –

Approved

Denied

Notes:

\_\_\_\_\_  
Event Services Staff Signature

\_\_\_\_\_  
Date