

Events requiring security—Remember, the larger the event, the higher the risk.

The completed Security Services Request Form must be received by David Cash, no fewer than 30 days prior to your event in order to allow time to process and staff your request. If your request is submitted less than 30 days from the scheduled event, security staffing is not guaranteed. Contact David Cash, dcash@fit.edu, ext. 8176 with any questions.

Event cancellations with less than 24 hours' notice may result in a cancellation fee of \$100 or 10% of the security services cost estimate, whichever is less. In the event that you need to cancel this event, please email dcash@fit.edu.

***Indicates required fields.**

Date(s) of Event* _____

Name of Event* _____

Synopsis of Event (please provide a description of event)* _____

Select the services you are requesting*

Barricades Parking Control Site Security Training Traffic Control Venue Security

Location of Event _____

The event will be open to:*

All faculty, staff and students Invitation only (includes off-campus guests) General public Other

Time Event Begins* _____ Time Event Ends* _____

Time security officers/personnel should be on site (if different than event start time) _____

Will alcohol be served?

Yes No N/A

Expected Attendance _____

Requestor's Name* _____
First* Last*

Email* _____

Phone* _____

Name and phone number for person who will be on-site at the event* _____

Will university staff be present at the event?*

Yes No N/A

If "yes", please list the university staff person's name _____

Name of Florida Tech sponsoring group (please do not use acronyms)* _____

Name of Florida Tech student or staff member responsible for this event* _____

Additional persons responsible for this event (please include cell phone number) _____

Name of person financially responsible for this event* _____
First* Last*

Phone number for person financially responsible* _____

Email address for financially responsible person* _____

Form of Payment

JV/ interdepartmental transfers

Other, must be prearranged

Index number for accounting stream _____

Fund _____

Organization _____

Program _____

Email for authorized approver: _____

Will the event be held?

Indoors Outdoors

Will there be live music or other live entertainment?

Yes No

Will the event be advertised off campus?

Yes No N/A

Has Conference Services been notified?*

Yes No N/A

Has the Office of Student Activities been notified of this event?*

Yes No N/A

Is this request for parking space reservations?*

Yes No N/A

Will this event have catering?*

Yes No

I have read and understand the information contained on the "Requesting Security Services" webpage, including the responsibilities and expectations of the event sponsor and personnel.*

Yes No

Print name _____

Sign name _____

Date _____