

EVENT MEMO

Today’s date: _____

To: Student Union Event Services

From: _____

RE: Use of ☐ Classroom ☐ SPX Gyms ☐ Morris Dailey Auditorium

Organization / Department: _____

Dates of Event: _____

Expected Attendance: _____

Times of Event (includes set-up and clean-up): _____

Name of Event: _____

Number of expected SJSU guests: _____

Number of expected Off Campus guests: _____

Will there be an admission fee? ☐ Yes ☐ No

AV technical assistance needed? ☐ Yes ☐ No

Please provide a detailed description of your meeting or event:

Please provide Faculty Advisor’s Signature:
