

ACTIVITY AND SPECIAL EVENT ROUTING SHEET

Planned Activity _____

Person In Charge Of Activity _____ Phone _____

Campus Box or Address _____

Dates(s) Of Activity _____

Time(s) Of Activity _____

Location of Activity _____

Sponsoring Group _____

Is a Police Officer Requested? _____ Yes _____ No How Many Officers? _____

If officer(s) are requested, an account number is required. The rate is \$35/hr per officer.

Account Number _____ JV to Account Number 105090-560106 (NMT Police)

Authorized Signature _____

Emergency Contact: _____
Name (Please Print) _____ Phone _____

THE FOLLOWING SIGNATURES ARE NEEDED: (PLEASE FORWARD TO THE NEXT LOCATION AS QUICKLY AS POSSIBLE.)

Student Activities Director (Gymnasium) _____ Date _____

Location Authorization Sign Name: _____ Date _____

Office Authorizing Location Use (Aux., Gym, Facilities Mgt.): _____ Date _____

Public Information Office (Brown Hall Room 111E) _____ Date _____

PLEASE FORWARD TO CAMPUS POLICE WHEN COMPLETED. Please Note: This sheet needs to be turned into NMT Police **ONE WEEK** before the planned activity. Thank You!

NMT Police _____ Date _____
(SAC-ROOM 109)

Officers Assigned to this event: _____