Alcala Request Form

Use one form for each block of time requested, even if same event.

This form must be completed and received by our office at least 4 weeks prior to event.

Name of Event: ____________________________________________

Day/Date/Year of Event: _________________________________

Time frame you need Alcala present:
  Arrival: ______  Departure: __________________________

Location of Event: _________________________________

Guest Type (Deans, VP’s, Trustees, Alumni, Donors, etc.)
_________________________________________________________________________________

Number of students requested: _________________________________
Please note: Number of Alcala students not guaranteed, subject to student availability.

Responsibility of students: _______________________________________

Contact Person: _____________________________________________
Department: ________________________________________________
Phone Number: _______________________________________________
Email: _______________________________________________________

Additional information/comments that would be helpful:
_________________________________________________________________________________
_________________________________________________________________________________

Questions? Call DeeDee Wittman x7532.

DeeDee will confirm details and number of Alcala students working one week prior to the event.

PLEASE RETURN THIS FORM COMPLETED TO DEEDEE WITTMAN
DAC 214 OR FAX (8857).