UCDAVIS
STUDENT AFFAIRS
Divisional Operations-Event Management

UCU-Center Sport Club Tournament Questionnaire

Space Availability: https://ces-apps.ucdavis.edu/Public/plan/space/
*Please check that the space is available before submitting your request form.

Client Contact Information:

Event Coordinator Name:	
Event Email & Phone Number:	

Please fill out the day of contact information below only if you are planning not to be in attendance or have someone other than yourself coordinating the day of the event.

Will you be collaborating with another group?	☐ Yes ☐ No
Name of Group (if applicable)	

Event Logistics Information:

Event Title:	
Estimated Attendance:	
Event Date(s):	
Client Arrival Time(s): (List times for each day.)	
Time of Doors/Check-in Begins: (List times for each day.)	
Event Start Time: (List times for each day.)	
Event Ending Time: (List times for each day.)	
Client Departing Time: (List times for each day.)	
Account #: (For billing purposes)	
Other Event Components that might require further discussion or assistance:	☐ Ticket Sales ☐ Youth participation ☐ Merchandise Sales ☐ Insurance requirements ☐ EMT/Medical Support ☐ Security Needs ☐ Concessions

Event Setup Information: ***(Please use box below for additional information for these requests)***

Event Space Reserved:	☐ Full Facility	☐ UL West
	☐ Main Floor only	☐ UL North
	☐ UL East	☐ UL South

Audio/Visual Needs:	☐ Video Board ☐ Handheld Microphone ☐ No AV	
Equipment/Special Needs:	☐ Ethernet	☐ Additional Power
	☐ WIFI Access	☐ Tape for courts, etc.
	☐ HVAC Modifications	

Other Event Specific Details/Comments/Questions:
