

REQUEST FOR AMPLIFIED SOUND

University of California, Irvine
Student Center & Event Services
A311 Student Center, Irvine, CA 92697-2050
(949) 824-5252
www.studentcenter.uci.edu

Name: _____ Phone Number: _____

Sponsoring Organization: _____

Registered Campus Organization Campus Department Off Campus Organization

Event Day/Date: _____ Requested Location of Event: _____

Event Time: _____ Requested Amplified Sound Time Period: _____

Event Title: _____

Event Description: _____

Purpose of Event: _____

Expected Attendance (how many): _____ Expected Audience (who): _____

Types of Amplified Sound: _____

Reason Amplified Sound is Needed: _____

How will the event be advertised?: _____

UCI Student Center & Event Services Use Only:

Reservation#: _____ SCES Planner: _____ Date Submitted: _____

Academic Class/Campus Event Conflicts: _____

Review Signatures:

Approved Approved Time Period: _____ Not Approved

Conference & Event Specialist, Student Center & Event Services Date

Stacey Murren, Director, Student Center & Event Services Date

Brice Kikuchi, Associate Vice Chancellor, Student Affairs Date

Notifications: _____

I agree to adhere to the above approved dates, times and locations of amplified sound. Any violation of the approval above may result in revocation of future approved dates and non-approval of future requests. Any sound complaints received during this event may result in the need to reduce sound levels and may affect the approval status for future events and requests.

Acknowledgement of Agreement by Applicant: _____
Applicant Signature Date