

Georgia College & State University
Facilities Space Request Exception Form

Requester: _____ **Date:** _____

Email: _____ **Phone:** _____

Event Name: _____ **Headcount:** _____

Date of Event: _____ **Start and End Time:** _____

Proposed Location: _____

Resources Needed (i.e. – AV, moving, custodial, etc): _____

Organization Hosting Event: _____

Event Contact (if different than requester): _____

Email: _____ **Phone:** _____

Description/Comments: _____
