***Department of Parking & Transportation (DPT)***

***University Event Reservation Form***

*Date:*

|  |
| --- |
| Click or tap here to enter text. |

*Name:\**

|  |
| --- |
| Click or tap here to enter text. |

*Campus Address:\**

|  |
| --- |
| Click or tap here to enter text. |

*Work PH/Cell PH:\* Email:\**

|  |  |
| --- | --- |
| Click or tap here to enter text. | Click or tap here to enter text. |

*Event Date(s)/Day(s) of Week:\* Name of Event:\**

|  |  |
| --- | --- |
| Click or tap here to enter text. | Click or tap here to enter text. |

*Payment Method:\* Check All Types of Services Requested Below:\**

|  |  |
| --- | --- |
| GL Transfer | Parking Attendant/Driver |
| Credit Card | Traffic Cones |
| Check | Golf Carts |
| Cash | Vans |
|  | Barricades |
|  | Visitor Parking Permits |
|  | Reserved Parking Spaces |

*\*Do you need a wheelchair accessible shuttle (ADA) – van or golf cart? YES* *or NO*

|  |
| --- |
| *I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read and understand that all requests are subject to the approval by the Director or appropriate designee of the Parking &Transportation Department. I have also read all the rules and regulations of the department, and therefore take responsibility of all rented equipment and furnishings during our rental period.*  *All requests should be made at least 48 hours in advance to better serve your needs. Failure to do so may result in requests not being able to be met.*  *Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |

UPON COMPLETION OF THIS FORM PLEASE RETURN TO

BETH ALDRIDGE AT DPT, C/O SOUTH CAMPUS RECREATION CENTER, OR

EMAIL TO PARKING@OLEMISS.EDU