



Lehigh University

Outdoor Activity Notification

Return completed form to the scheduling office

APPLICANT INFORMATION	Name of Applicant			
	Campus or Off-Campus Address			
	Phone #		Email	
ORGANIZATION INFORMATION	Name of Organization			
EVENT INFORMATION	Event Description (Purpose)			
	Event Type		Event Confirmation Number:	
	Event Date(s)		Rain Date or Location:	
	Hours of Operation	Event Start Time:		Event End Time:
	On-site Contact Person	Name		Cell Phone #
	Event Location			
	Number of Participants			
	Will Music Be Played (or Sound System):	<input type="checkbox"/> Yes <input type="checkbox"/> No ***Music cannot be played when classes are in session (<i>Example: After 4 PM Mon.-Fri., UC Lawn, Karakash Plaza, Memorial Walkway</i>). Music is not permitted at Tamerler and RBC 2 nd Floor Patio without special approval from the College of Business and Zoellner.		
	Will there be items for sale?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe items:		
	Will there be food or beverages offered? Include a list of vendors.	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe items:		
Additional Information:				

ALL REQUESTS ARE SUBJECT TO APPROVAL BY THE LEHIGH UNIVERSITY POLICE DEPARTMENT

Whoever violates any provision of the City of Bethlehem Ordinances shall, upon conviction thereof, be subject to all associated fines, costs, and penalties. In the case of a permittee's violation of any provisions of these Ordinances, the individual designated upon the permit as the responsible party shall be considered the violator.

I hereby certify that all information on this form is correct and accurate. Any error, misstatement, or misrepresentation with or without intention can result in revocation of this permit.

Print Name

Date

Signature of Applicant

- For Use by Lehigh University Police Department Only -

Form must be submitted to the Lehigh University Police Department no later than 14 business days prior to commencement of event.

Police Approval

Yes Denied
Reason:

Signed:

Date

RETURN SIGNED FAX TO:

- | | |
|--|--|
| <input type="checkbox"/> Athletics (Fax # 610-758-6629) | <input type="checkbox"/> Rauch Business Center (Fax #610-758-4499) |
| <input type="checkbox"/> Conference Services (Fax #610-758-3568) | <input type="checkbox"/> Residence Life (Fax #610-758-5153) |
| <input type="checkbox"/> Office of Fraternity & Sorority Affairs (Fax #610-758-6692) | <input type="checkbox"/> Student Center Facilities (Fax #610-758-2740) |