

ATTENTION! For multiple venue events, please fill out ONE form per building, date and time frame.

North Carolina A&T State University

University Event Center CANCELLATION/CHANGE FORM

Student Center, Suite 368 Greensboro, NC 27411 Telephone (336) 285-2580 Fax (336) 334-7131 uec@ncat.edu

Required 72 Hours prior suspension and/or termina	to event date. Faili	ure to properly cancel a	reservation may result in		-	-	
Event Name:							
Organization:			(Please do not use abbreviations.)				
Contact Person:							
Reserved Facility/Space:	Event Reference #:						
Event Date (s):		Ctonto			Dogt	Examt	
			End:				
I, the undersigned, am CA be cancelled at this time,							
Name (Please Print)		Signature	re			Date	
EVENT/RESOURCE	CHANGE	Required 72 Hour	rs prior to event date.				
Current Event Name:			Organization:				
Current Confirmed Facili					:#:		
Current Event Date (s):			T 1				
Current Event Times:	Pre-Event:	Start:	: End:	:	Posi	Event:	
I would like to cha	ange the follow	ring about my even	it: Please <u>ONLY</u> not	te areas tha	it need to	be changed.	
Event Name:	Date (s):						
Facility/Space:	Contact Person:						
		Event: Start: End:					
Equipment/Resources:	request. Your	reservation will be	eded for this event, ev updated based on wh	•		•	
Tables and Chairs:	subject to avail		o 6		Chaira		
Technical Equipment:			8 ft Floor				
reemieur Equipment.	LCD Project		11001	_ 14010_		Lavaner	
Additional Equipment:			Stage				
Other:							
I, the undersigned, am C be change based on this	CHANGING the	e event detailed abo	ve. I understand that	all service			
Name (Please Print)			Signature			Date	
Advisor Signature (For Student Organizations Only)			Advisor Name (Please Print)			Date	