



HUSTON-TILLOTSON UNIVERSITY CAMPUS REQUEST FORM
FACILITY DIAGRAM
(THIS FORM MUST ACCOMPANY THE CAMPUS ACTIVITY REQUEST FORM)

Campus Location: _____ Other: _____
Event Sponsor: _____ Number of attendees _____ (Do not leave blank)
Contact Person(s): _____ Email: _____
Phone (Mobile): _____ Office: _____ Home: _____
Name of Event/Activity: _____
Description/Purpose of Activity/Event: _____
Date of Activity/Event: _____ Event Set Up Time: _____ Event Start Time: _____

Use this space to diagram your room layout. Draw your tables, chairs, and other items for a one-time set up. Return diagram one week prior to your event to Community Outreach at events@htu.edu or the 512.505.3190 fax.

