



Claflin University

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Event Coverage Request Form

Please complete the Event Coverage Request Form

ingley Memorial Hall, Third Floor, Suite 7.

Please submit all information at least thirty (30) days prior to the event.

If necessary, information can be provided on a separate sheet.

Requestor (First and Last Name)

Title:

Department:

Office Phone Number/Email Address:

Title/Theme of Event

Date: (MM/DD/YYYY)

Location (Building/Room Number):

Event Description/Additional Information:

Purpose of Event/Individuals - Group(s) expected to attend

Event Host or *Sponsor (*if providing funding of event):

Guest Speaker/ Special Guest(s):

Please attach event flyer and any additional information that describes the event.

Submitted by: _____ Date: _____

Received by: _____ Date: _____

