Outdoor Event
Change/Cancellation Form

Name of Registered Student Organization (Please print) _______________________________________

(Check one)  □ Change  □ Cancel

Original Request (Date and location) ___________________________________________________________________________________

New Request

□ Date(s) __________________________________________

□ Location(s) ______________________________________

□ Event Start Time(s) ____________________________  Event End Time(s) ____________________________

□ Description of Event(s) __________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Authorized Representative’s Contact Information (Must be an authorized representative)

Authorized Representative (Please print) __________________________________ Date ____________

UT EID __________________  Signature __________________

E-mail Address __________________________ Telephone __________________

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□ Approved  □ Denied  □ Denied  □ Denied

Approval Signature*  Student Activities Staff  Date

New Dates Approved __________________________________________

*If application is denied, grounds for refusal: ____________________________________________

July 2011

For Office Use Only