

Stern Student Center
Voice: (843) 953-2291—Email: sterncenter@cofc.edu
http://studentlife.cofc.edu/

## **George Street Closure Request**

## This form is ONLY a request.

Street closure requests must be received 45 days prior to the date of the proposed event. The City of Charleston's Department of Traffic & Transportation provides the final approval for street closure requests. Events also require a Special Events Permit request through the City of Charleston.

You will receive a confirmation via email once your request has been processed.

Please type or print the requested information below in blue or black ink. Illegible information will delay the processing of this form. Contact Information Sponsoring Department or Organization\_\_\_\_\_ Group Type: \_\_\_\_\_ Student Organization \_\_\_\_\_ Faculty/Staff \_\_\_\_ Off-Campus Organization/Company Contact Person \_\_\_\_\_ E-mail Address \_\_\_\_\_ Fax Mailing Address City State Zip Students, faculty, and staff must provide a valid CofC email address. **Event Information** Event Title Date of Event Detailed Description of Event (describe ALL activities included in proposed event—including amplified sound, equipment, etc.): Does your event include additional locations on-campus? (eg: CisternYard, Stern Center, Cougar Mall) If so, please list locations **Location Details** Section of George Street Requested for Closure (Mark only one): St. Philip Street to Glebe Street Glebe Street to Coming Street St. Philip Street to Coming Street Street Closed/Pre-Event Setup Start Time: am/pm Event Begins: am/pm Event Ends: am/pm Street Reopens/Post-Event End Time: am/pm Signatures By signing below, the Contact Person and Advisor (student organizations) state that each person has read and understands the Facility Use Guidelines (available on our website: http://studentlife.cofc.edu/reservations/quidelines/index.php). All parties agree to comply with all applicable College, City, State, and Federal policies and laws. The Contact Person agrees to make arrangements to have all items and all people removed from George Street 15 minutes prior to the Street Reopens time listed on this form. Contact Person's Signature \_\_\_\_\_ Date \_\_\_\_\_ **Approvals** Office of Student Life Facility Manager Signature: \_\_\_\_\_\_ Date \_\_\_\_\_\_

Campus Police Representative Signature: Date