

SOUTHSIDE WORKS  
EVENT REQUEST FORM

Fax back to 412-481-1786 or drop off to the Management Office

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT NAME: (authorized to make all final determinations regarding proposed event)

\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_

DATE OF REQUEST: \_\_\_\_\_ ALLOW TWO WEEKS FOR A RESPONSE

Please describe the proposed event and complete the attached questionnaire:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Event date: \_\_\_\_\_ Time(s): \_\_\_\_\_

Location: ( ) Exterior ( ) Interior ( ) Both

In order for SouthSide Works management to evaluate the proposed event, completed information must be received. Final approval or disapproval will be based on the information received and evaluated according to the guidelines. It is understood and agreed that after event approval, any changes, revisions, deletions or additions to the information initially presented to SouthSide Works Management will be subject to prior approval of management.

SIGNATURE OF EVENT ORGANIZER:

“I have read and agree to all SouthSide Works Event Guidelines.”

\_\_\_\_\_ Date: \_\_\_\_\_

