



Stern Student Center
 Voice: (843) 953-2291
 Fax: (843) 953-1423
<http://studentlife.cofc.edu/>

George Street Closure Request

This form is ONLY a request.
 Street closure requests must be received 14 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. You will receive a confirmation via email once your request has been processed.

Please print the requested information below in blue or black ink . Illegible information will delay the processing of this form.

Contact Information

Sponsoring Department/Organization/Company _____

Group Type: Student Organization Faculty/Staff Off-Campus Organization/Company

Contact Person _____ Advisor Name (student organizations) _____

Mailing Address _____ City _____ State _____ Zip _____

E-mail Address _____ Phone _____ Fax _____

Students, faculty, and staff must provide a valid CofC email address.

Event Information

Event Title _____

Detailed Description of Event (describe ALL activities included in proposed event):

Location Details

Date of Event _____

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/guidelines/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 _____

Advisor's Signature (student organizations) _____ Date _____

Approvals

FOR STUDENT ORGANIZATIONS

Office of Student Life Facility Manager Signature: _____ Date _____

FOR COFC DEPARTMENTS, FACULTY, STAFF and OFF-CAMPUS GROUPS

Office of Institutional Events Signature: _____ Date _____

Campus Police Representative Signature: _____ Date _____