

EXPECTED NUMBER OF PATRONS	
FACILITY REQUIREMENTS	<input type="checkbox"/> Stage <input type="checkbox"/> Warner's Corner <input type="checkbox"/> Other _____ Please Specify

FOR OFFICIAL USE ONLY
FACULTY OF EDUCATION AND LIBERAL STUDIES

PERMISSION GRANTED PERMISSION NOT GRANTED

APPROVED BY _____ _____
 DEAN DATE

(COMPLETE WITH DEPARTMENT STAMP)

FOR OFFICIAL USE ONLY
COLLEGE OF BUSINESS AND MANAGEMENT

PERMISSION GRANTED PERMISSION NOT GRANTED

APPROVED BY _____ _____
 DEAN DATE

(COMPLETE WITH DEPARTMENT STAMP)

FOR OFFICIAL USE ONLY
DEPARTMENT OF SAFETY AND SECURITY

PERMISSION GRANTED PERMISSION NOT GRANTED

APPROVED BY _____ _____
 DIRECTOR DATE

(COMPLETE WITH DEPARTMENT STAMP)

FOR OFFICIAL USE ONLY
CENTRE FOR THE ARTS

PERMISSION GRANTED PERMISSION NOT GRANTED

APPROVED BY _____ _____
 DIRECTOR DATE

(COMPLETE WITH DEPARTMENT STAMP)

N. B. The Centre will not grant approval for use of the park if guidelines are not observed. *Please refer to guidelines for use of the Caribbean Sculpture Park.*