UNIVERSITY OF TECHNOLOGY, JAMAICA

APPLICATION FOR PERMISSION TO USE THE CARIBBEAN SCULPTURE PARK

	DATE OF APPLICATION//					
			YR	MM DAY		
NAME OF APPLICANT						
	SURNAME	 CHF	RISTIAN NAME	OTHER		
TITLE/POST						
DIVISION/FACULTY/ DEPARTMENT/ ORGANIZATION						
	Applicant's Signatur	е ———				
	Approved By — Signature — PRINT NAME: Head of Division/ Organization/ Dept.					
TELEPHONE NUMBER (S)		<u> </u>	•			
FAX						
EMAIL ADDRESS (ES)						
EVENT DETAILS						
NAME OF EVENT						
DATE						
TIME						
	SET UP TIME	START TIME	END TIME	BREAKDOWN TIME		
EVENT CLASSIFICATION	Lecture / Meeti	ng Exhibition	Other Please Specify			
	Cultural Production					
OVERVIEW OF ACTIVITY (IES)						
AUIDENCE DESCRIPTION	Students Staff General Public Other Please Specify					

EXPECTED NUI	MBER OF PATRONS					
FACILITY REQU	JIREMENTS	Stage	Warner's C	orner OtherPlease Specify		
FOR OFFICIAL USE ONLY						
FACULTY OF EDUCATION AND LIBERAL STUDIES						
	PERMISSION GRANT	ED		PERMISSION NOT GRANTED		
APPROVED BY	DEAN	(COMPLETE	DATE WITH DEPARTMENT	NT STAMP)		
FOR OFFICIAL USE ONLY COLLEGE OF BUSINESS AND MANAGEMENT						
	PERMISSION GRANT	ED 🔲		PERMISSION NOT GRANTED		
APPROVED BY						
	DEAN	(COMPLETE	DATE WITH DEPARTMEN	NT STAMP)		
FOR OFFICIAL USE ONLY						
	<u>DE</u>	<u>PARTMENT</u>	OF SAFETY A	ND SECURITY		
	PERMISSION GRANT	ED 🔙		PERMISSION NOT GRANTED		
APPROVED BY	DIRECTOR					
DATE (COMPLETE WITH DEPARTMENT STAMP)						
FOR OFFICIAL USE ONLY CENTRE FOR THE ARTS						
	PERMISSION GRANT	ED 🔲		PERMISSION NOT GRANTED		
APPROVED BY	DIRECTOR		WITH DEPARTMEI	DATE NT 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*.