

COVID-19 – On Campus Activity Request Form

Concordia Staff, Faculty and Students

HOSPITALITY CONCORDIA

This form is for **Concordia staff, faculty and students** to request space to hold University activities on campus. Submission will be assessed to ensure compliance with safety and government directives.

Deadline to submit: Minimum 10 business days prior to first event date.

All fields are mandatory.

All requests are subject to the review process prior to approval.

| ACTIVITY ORGANIZER | | | |
|---|---|--|--|
| First Name: | Last Name: | | |
| Type of Community Member: | | | |
| Staff Faculty | Student | | |
| Email: | | | |
| Cellphone: | | | |
| | | | |
| ACTIVITY INFORMATION | | | |
| Activity Title: | | | |
| Preferred Campus (SGW or LOY): | Preferred Venue or Building: | | |
| Preferred Activity Date(s): | Activity Type: | | |
| Preferred Activity Start Time (HH:MM): | | | |
| Preferred Activity End Time (HH:MM): | · · · · · · · · · · · · · · · · · · · | | |
| Describe the activity you wish to hold on campus: | | | |
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| | | | |
| Preferred Activity End Time (HH:MM): | start time based on other activities happening in | | |

| During the pandemic, many events have been transformed virtually. Please explain why it is essential for your activity to be held in person on campus: | |
|---|--|
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| | |
| ATTENDANCE | |
| Select the type of attendance expected: | |
| Staff Faculty Students | |
| Total expected number of participants: | |
| Indicate the list of participants (including each person's first name, last name, email and cellphone number): | |
| | |
| | |
| | |
| Please note: If your activity request is approved, the Activity Organizer will need to keep a list of | |
| information that is required for contact tracing purposes. participants (including each person's first name, last name, email and cellphone number) and share | |
| it with the Designated Space Administrator. | |
| AUDIO-VISUAL NEEDS | |
| Do you require access to audiovisual equipment? | |
| Yes No | |
| Please describe the equipment you will need for your event: | |
| | |
| Will you be inviting participants to join the event virtually (hybrid)? | |
| vini you be inviting participants to join the event virtually (hybrid): | |

| CATERING | | | |
|--|----|-------|--|
| Are you planning to have catering during your event? | | | |
| Yes (note that only boxed lunches will be permitted) | No | Maybe | |
| | | | |

Once completed, please return by email to Hospitality Concordia at hospitality.booking@concordia.ca.