

BONFIRE REQUEST FORM

Name of Event:		
Date of Event:	Start Time:	End Time:
	Lighting of Fire	e (time):
Location: <u>The Cove</u>		
Description of Event:		
Sponsoring Department/Club/Organiza	ution:	
A copy of the burn permit, obtained from request. Permit processing may take up		Department, must be attached with this
		b, or organization is affirming that they USF Bonfire Policy answered and further
Signature of Sponsoring USF Employe	e:	Date:
Contact Information of USF Employee	:: () F	Printed Name:
Signature of Requestor (if different): _		Date:
Contact Information of Requestor: () I	Printed Name:
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	(FOR OFFICE USE ON For student events:	LY)
☐ Approved ☐ Denied // Rationale:		
Signature:		Date:
Associate Dean of Students	(or designee)	
Signature:		Date:
Facilities and Events Mana		

Forward completed form to Deb Bragg, Facilities and Events Manager. The reservation for the Cove cannot be confirmed until this completed form and FWFD Burn Permit is received by Facilities and Events.