BONFIRE REQUEST FORM

Name of Event: __________________________________________

Date of Event: _____________________ Start Time: ___________ End Time: __________

Lighting of Fire (time): _____________

Location: The Cove

Description of Event: __________________________________________

________________________________________________________________________

________________________________________________________________________

Sponsoring Department/Club/Organization: __________________________________________

A copy of the burn permit, obtained from the Fort Wayne Fire Department, must be attached with this request. Permit processing may take up to two weeks.

By submitting this request form the sponsoring departments, club, or organization is affirming that they have read, understand and have had all questions regarding the USF Bonfire Policy answered and further agree to abide by the Bonfire Policy

Signature of Sponsoring USF Employee: _______________________________ Date: _______________

Contact Information of USF Employee: (____) ____________ Printed Name: _______________________

Signature of Requestor (if different):  __________________________________ Date: _______________

Contact Information of Requestor: (____) _______________    Printed Name: ______________________

(FOR OFFICE USE ONLY)

For student events:

☐ Approved
☐ Denied // Rationale:

Signature: ___________________________________________ Date: _______________

Associate Dean of Students (or designee)

Signature: ___________________________________________ Date: _______________

Facilities and Events Manager (or designee)

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.