

# Campus Activities Complex

## Cancellation / Addition / Change Application Form

W20-500 • Tel:253-3913 • Fax: 253-8585

Organization/Department:

Representative:

MIT Address:  Phone:  Email:

### A D D I T I O N

Date(s) of Event: \_\_\_\_\_

Room(s): \_\_\_\_\_

Time: \_\_\_\_\_

Description of Event: \_\_\_\_\_

Attendance: \_\_\_\_\_

### C A N C E L L A T I O N

Date(s) of Event: \_\_\_\_\_

Room(s): \_\_\_\_\_

Time: \_\_\_\_\_

Description of Event: \_\_\_\_\_

Reason for Canceling: \_\_\_\_\_

### D A T E C H A N G E

Original Date(s): \_\_\_\_\_

New Date: \_\_\_\_\_

Room(s): \_\_\_\_\_ Time: \_\_\_\_\_

### R O O M C H A N G E

From: \_\_\_\_\_ To: \_\_\_\_\_

Date(s): \_\_\_\_\_ Time: \_\_\_\_\_

### T I M E C H A N G E

OLD Time: \_\_\_\_\_ NEW Time: \_\_\_\_\_

Date: \_\_\_\_\_

Room: \_\_\_\_\_

For Office Use Only    Approved     Denied     Scheduler's Initials     Date

