

## Outdoor Amplified Sound Use Approval Form

Complete this form and email it to [scheduling@registrar.gatech.edu](mailto:scheduling@registrar.gatech.edu) for review; also copy [events@cpsm.gatech.edu](mailto:events@cpsm.gatech.edu). Thank you!

GT Events Reservation Number		
Event Name		
Event Date <i>(Include day of week.)</i>		
Event Location		
Amplified Sound Start Time		
Amplified Sound End Time		
Performing A Sound Check? <i>(Circle one.)</i>	<b>YES</b>	<b>NO</b>
Sound Check Start Time		
Sound Check End Time		
Expected number of attendees		
Type of Sound Being Amplified <i>(Check all that apply. If "other", please describe.)</i>	Live Band	
	DJ with recorded music	
	Amplified Music/Concert	
	Speech(es)/Guest Speaker(s)	
	Other:	



<b>FOR OFFICE USE ONLY</b>		
Approval <i>(Circle one.)</i>	<b>YES</b>	<b>NO</b>
Approved By		
Date		
Signature		
If not approved, please briefly outline the reason:		