

# SKYWAY ADVERTISING REQUEST FORM

Obtaining the necessary approval signatures signifies confirmation that

1. The requestor understands and accepts his/her responsibility to **clear his/her artwork completely within 24 hours of the end of the event**. If this step doesn't happen, the Office of Facilities Management will do the work instead and bill the department budget number for the labor.
2. Please note that all paint needs to be removed from the windows. When painting the windows, please add a few drops of Dawn Liquid Soap directly into the paint. This will help with the removal of paint.
3. The requestor understands and accepts the advertising guidelines for this advertising venue (available in online CAS handbook).

**Today's date:**

**Your name:**

**Your phone #:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Event name: \_\_\_\_\_

Name of sponsoring department: \_\_\_\_\_

Event date: \_\_\_\_\_

Name of department contact: \_\_\_\_\_

Event location: \_\_\_\_\_

First date artwork will be displayed: \_\_\_\_\_

Department contact's phone #: \_\_\_\_\_

Last date of event: \_\_\_\_\_

Budget number: \_\_\_\_\_

The available skyways are **the east skyway** (*between HC & CC buildings*) and **the west skyway** (*windows on 3rd floor between AC & CC buildings*). **Which ONE location will you use?** \_\_\_\_\_

Provide a preview of your advertisement below (text & artwork). Attach separate sheet if necessary.

## APPROVALS:

1. **BSG:** Executive of Comm. and Marketing for BSG Date  
\_\_\_\_\_
2. **Office of Facilities Management:** Steve Porter (or Molly Holmes, Julie Curtis, Connie Miller in his absence) Date  
\_\_\_\_\_
3. **Office of Student Life:** Office Manager (Sarah Moberg) Date  
\_\_\_\_\_

*After obtaining the necessary signatures, be sure to have CAS Student Life make a copy.*