

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: Barry Holst (Julie Curtis, Connie Miller in his absence)**

Date

3. **Office of Student Life: Administrative Assistant**

Date

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