



# Event Services

## Outdoor Amplified Sound Approval Form

\*Complete this form and email it to [scheduling@registrar.gatech.edu](mailto:scheduling@registrar.gatech.edu) for review; also copy [outdoorevents@stucen.gatech.edu](mailto:outdoorevents@stucen.gatech.edu)

GT Events Reservation Number		
Event Name		
Event Date (Include day of week.)		
Event Location		
Amplified Sound Start Time		
Amplified Sound End Time		
Performing A Sound Check?	YES	NO
Sound Check Start Time		
Sound Check End Time		
Expected Attendance (#)		
Type of Sound Being Amplified Check all that apply. (If "Other," please describe.)	<input type="checkbox"/> Live Band <input type="checkbox"/> DJ with Recorded Music <input type="checkbox"/> Amplified Music/Concert <input type="checkbox"/> Speech(es)/Guest Speakers(s) <input type="checkbox"/> Other:	

FOR OFFICE USE ONLY		
Approval	YES	NO
Approved By		
Date		
Signature		
If not approved, please briefly outline the reason:		

09.26.2022 TR

