

Outdoor Amplified Sound Use Approval Form

Complete this form and email it to sabrina.miller@registrar.gatech.edu, reta.pikowsky@registrar.gatech.edu, and jeremy.gray@registrar.gatech.edu for review; also copy events@cpsm.gatech.edu. Thank you!

GT Events Reservation Number		
Event Name		
Event Date		
Event Location		
Amplified Sound Start Time		
Amplified Sound End Time		
Performing A Sound Check? <i>(Circle one.)</i>	YES	NO
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:	

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