Request for Chalking
University of Tennessee at Chattanooga

Name of Organization/Department: __________________________________________

Date(s) requested: Please include day of the week, month, day, & year (ex. Tu, February 6, 2012)

Start Date: ___________________________  Weather Determines Stop Date

Chalking Start Time: _________  Chalking End Time: _________  (On Start Date)

Please Describe the Purpose of your Chalking: __________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

Requested Area to Chalk: __________________________________________

_________________________________________________________________________

_________________________________________________________________________

Requestor’s Name: _______________________________________________________

Contact Phone number: _________________________________________________

Contact Email: __________________________________________________________

I, as the appointed representative of this student organization or UTC department, have received a copy of the UTC Chalking Policy Guidelines. I have read the guidelines and I am responsible for communicating these guidelines to those persons who will assist in this activity. I understand neither I nor the University has control over the weather which may destroy the chalking activity. I also understand that my organization does not have the exclusive privilege to chalk on a specific day. I understand that should my organization’s chalking activity violate these guidelines, the organization or department may lose these privileges in the future.

Signature of Representative  ___________________________  Date  ___________________________

Updated 5/13