

**University of Texas at San Antonio
Police Department
Special Event Form**

Special Event Name: _____ SP Event #: _____

Location: _____ Account # _____

Event Description: _____

Start Date: _____ Start Time: _____ End Time: _____

Expected Attendance: _____

Alcohol Served: __ Crowd Control: __ Money Collected: __ Traffic Control: __

Contact Person: _____ Contact Phone # _____

Remarks: _____

Required Staffing (Pre Event Schedule)

Officer/Guard Name	Date	Start Time	End Time	Hours Worked	Est. Cost

Actual Hours Worked

Officer/Guard Name	Date	Start Time	End Time	Hours Worked	Actual Cost

Supervisor Approval: _____ Date: _____

Requesting Dept.'s Approval: _____ Date: _____