

Parking and Transportation Services

Phone: (208) 426-PARK(7275) Fax: (208) 426-3343

e-mail: prkeventreq@boisestate.edu

Website: www.boisestate.edu/parking



Summer Event Parking Request

(Requests are approved based on availability)

Program Name: _____

Organization/BSU Department: _____

Contact Person: _____

Phone: _____ Cell: _____ Fax: _____

Billing Address/BSU Dept. Account: _____

E-mail: _____

Organization Type: Non- Profit Yes No Academic Sponsored Event: Yes No

Conference and/or Event Parking Request

Expected Attendance: _____ Expected # of Vehicles: _____ Buses or Trailers: _____

Event Date(s): _____

Event Location(s): _____

Starting and Ending Times: _____

Parking Lots Requested: _____

Residence Hall Parking Request

Will your group be housed in the University Residence Halls? Yes No

If yes, which residence hall? _____

Expected # of Residential Vehicles: _____

*Are there any special needs parking for loading and unloading or disabled participants?

By my signature I understand that I will give notice of cancellation a minimum of 7 days prior to Event listed above or I will be charged the full amount.

Signature (required): _____

For Office Use Only

Lots Reserved: _____

Lot Fees: _____ Equipment Cost: _____

Traffic Control- Staffing: _____ Supervisor: _____

Specialty Signs, Event Signs: _____ Permits: _____

Other Considerations: _____

Invoice Date: _____ Invoice #: _____ IN#: _____