



# University of Delaware Environmental Health & Safety

General Services Building Room 132  
222 South Chapel Street, Newark, De. 19716  
(p)831-8475 (f)831-1528  
fire-safe@udel.edu



## -Application for Tent Use on University Property-

Application **MUST** be received by the EHS office **2 weeks** prior to the event date

*Please print clearly.*

Applicant's Name: \_\_\_\_\_

Applicant's Organization: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

Applicant's Email: \_\_\_\_\_

Applicant's Telephone Number: ( \_\_\_ ) \_\_\_ - \_\_\_\_\_

**Please provide the following information as it will help us in evaluating your tent event:**

Event date(s): \_\_\_\_\_ Event time: \_\_\_\_\_

Event location: \_\_\_\_\_

Event description: \_\_\_\_\_

Tent vendor: \_\_\_\_\_ Tent vendor contact name: \_\_\_\_\_

Tent vendor contact number: \_\_\_\_\_

Tent size(s)?: \_\_\_\_\_

Will the tent have side walls (Yes/No): \_\_\_\_\_

Will fire extinguishers be provided by the tent vendor (Yes/No): \_\_\_\_\_

Exit signs provided by the vendor (Yes/No): \_\_\_\_\_

How is the tent anchored to the ground (stake/weighed)?: \_\_\_\_\_

**\*\*\*If the tent is to be staked to the ground please verify that the tent vendor will be submitting a Miss Utility request as per Del. State Law: (verified/not verified)\_\_\_\_\_**

Date of tent setup: \_\_\_\_\_

Date of tent take down: \_\_\_\_\_

Generator needed for power (Yes/No): \_\_\_\_\_

If yes to answer above; is the generator UD supplied (Yes/No): \_\_\_\_\_

Will food be provided (yes/no): \_\_\_\_\_

If yes to the above question; will food be cooked onsite or cooked ahead of time and brought in?: \_\_\_\_\_

Please be prepared to have an interior tent layout ready for review with respect to table/chair layout/placement.

*Submit applications to Department of Environmental Health & Safety*

Revised 4/26/17

EHS Office Use Only	Event Number#
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