



**University of Delaware  
Environmental Health and 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 Address: \_\_\_\_\_

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

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

**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)?:** \_\_\_\_\_

**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 question above will it be prepared onsite or 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***