



Please allow 5 business days for processing.

Event Information

The title of your event should match the description your guests mention on the day of the event to Parking Services staff.

Name of Event: _____ Date: _____

Location: _____ Time: _____

Parking Requirements:

Guest can park in lots with visitor availability. Depending on the availability of the day/time of the event, guests may have to park in a lot other than those requested below. * Additional charges may apply. If you are organizing an event of 100+, it may be necessary to have parking control officers in attendance.

of Vehicles: _____ 1st Choice Lot: _____ 2nd Choice Lot: _____

Please indicate all required services.

Rebate Tickets: _____ Qty: _____ Exit Tickets: Qty: _____
Parking Attendant(s)*: Qty: _____ Signage*: Qty: _____
Shuttle Bus Services*: Qty: _____ Reserved Spaces: Qty: _____
Pickup/Dropoff for Bus: Qty: _____
Other: _____

Contact Information:

Name of Department/Organization: _____

Contact Name: _____ Phone Number: _____

Email Address: _____ Cell Phone: _____

(required for after-hour events)

Payment Information:

*Note: If the chart field string provided includes a project ID, then the form must be signed by the Principal Investigator or Delegate. If there is no project ID, the form must be signed by the Mosaic Department Manager Approver. For external entities, appropriate manager approval is required.

McMaster Chart-Field String (if applicable): _____

Mosaic Department or Project Approver Name (print): _____

Mosaic Department or Project Approver Signature: _____

For Internal Use Only

Parking Staff Signature: _____ Batch #: _____

Recipient Name (print): _____ Recipient Signature: _____