



**Faculty/Guest Artist Event Form**

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

Description and Purpose of Event: \_\_\_\_\_

\_\_\_\_\_

Location of event: \_\_\_\_\_

Faculty Contact: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Time of Event: \_\_\_\_\_

Rehearsal date and time \_\_\_\_\_

Rehearsal Location (*if required*): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*Please confirm that there are no conflicting events at Investors Group Field**

**Facilities**

Requested Equipment (Music Stands, Chairs, Projector, Mic/PA, etc.)

Please provide approximate numbers needed.


If booked in Eva Clare Hall, do you require recording?

Y  N

Special Requests: (eg. Prepared piano)



Requested by: \_\_\_\_\_  
Date: \_\_\_\_\_

**Programs**

Programs Required? Y  N   
Poster Required Y  N

# of Programs: \_\_\_\_\_

If you have indicated that you require programs please email material 10 days in advance to [Amanda.Wiebe@umanitoba.ca](mailto:Amanda.Wiebe@umanitoba.ca)

**Guest Artist Payment Information**

Payment required? Y  N

**Choose One**

**Individual**

Invoice Information Required

1. Name
2. Mailing Address
3. Sin
4. Date of Service
5. Service Provided
6. Amount (CDN)

Tax Waiver Form? Y  N   
(if applicable please attach)

**Business**

Information Required

1. Business Name
2. Mailing Address
3. Date
4. PO#
5. Amount
6. GST#

Supplier (Epic) Y  N

Quote provided: Y  N

Please email payment information to [paula.stimpson@umanitoba.ca](mailto:paula.stimpson@umanitoba.ca)

**Office Use Only**

NP: \_\_\_\_\_ NR: \_\_\_\_\_ PO: \_\_\_\_\_

FOAP for Payment: F \_\_\_\_\_ O \_\_\_\_\_ A \_\_\_\_\_ P \_\_\_\_\_

Facilities Intl: \_\_\_\_\_ Communications Intl: \_\_\_\_\_ Finance Intl: \_\_\_\_\_

**CLICK HERE TO  
SUBMIT FORM**