



North Carolina A&T State University
University Event Center
EVENT CANCELLATION FORM

1403 John Mitchell Dr. Greensboro, NC 27411 | Suite 368 | Telephone: (336) 285-2580 | Fax: (336) 334-7131 | Email: uec@ncat.edu

All cancellations must be submitted at least 5 BUSINESS DAYS prior to the event date. Any event cancellation requested less than 5 BUSINESS DAYS before the event date is subject to our Late Cancellation policy. You may find policy details on our website at <https://www.ncat.edu/campus-life/student-affairs/departments/student-center/university-event-center/index.php>.

Please enter all requested information.

Event Reference #: _____ Event Date (s): _____

Event Name: _____

Event Location: _____

Organization/Department: _____ (Please do not use abbreviations.)

Your Email: _____ Are you the 25 Live Requestor? YES ☐ NO ☐

If you are not the 25 Live Requestor, what is your affiliation with this event? _____

Reason you are cancelling this event: _____

I, the undersigned, am CANCELLING the event referenced above with the understanding that it will not be reinstated for any reason, and agree to submit a new event request form if I desire to have this event in the future. Additionally, I understand that all service orders related to this event will be cancelled at this time.

Your Name (Please Print)

Signature

Date

UNIVERSITY EVENT CENTER OFFICE USE ONLY

RECEIVED BY: _____ DATE: _____

PROCESSING

☐ APPROVED ☐ APPROVED W/ INFRACTION ☐ APPROVED W/ CANCELLATION FEE

CAMPUS RESOURCES CANCELLED:

☐ PARKING ☐ SECURITY ☐ WORK ORDERS ☐ TICKETS ☐ UEC A/V

☐ N/A

PROCESSED BY: _____ DATE: _____