



Office of University Architect & Space Management MSC 3545, New Mexico State University P.O. Box 30001, Las Cruces, NM 88003-8001

Facilities Office of Space Planning tent policy: All requests for tents on campus must be submitted to the Facilities Office of Space Planning for analysis and review. This form and the request process will be open every year during November. December 20th – January 20th will be the relocation period. Tent reservations will be from January 1st – December 20th of the calendar year immediately following the requesting period.

Tent Reservation Timeline:

- Request Window: November 1 30
- **Relocation Period:** December 20 January 20
- Active Reservation Period: January 1 December 20

Complete one request form per tent.

Requesting Department:	g Department: Date:	
Name:	Phone:	Email:

Work Order #: (Only required if approved for Request types A & C)

Request Type:

A) Request a tent

For new tent installations not already in place.

C) Relocate a tent

For moving an existing tent to a new location on campus.

B) Renew a tent

For extending the use of an existing tent with no change to location or configuration.

D) Relinquish a tent

For removing a tent and relinquishing the reserved space.

Complete only the section matching the request type selected above. (All fields are required)

A) Request a tent

Use this section if requesting a brand new tent setup for your department or event. (Estimated charge is \$2,500 per tent)

Tent Use:

Requested tent # &location:

(Attach a map with the location marked)

Seating requested? Yes No

Requested Move Date:

Departmental Funding Index:

(Estimated charge is \$2,500 per tent)

B) Renew a tent

Use this section if your department needs to continue using an existing tent with no changes to setup or location.

Tent Use:

Current tent # & location:

(Attach a map with the location marked – for verification)



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C.	, Ke	locate a	ıtent

Use this section if you are requesting to move an existing tent to a different spot on campus. (Estimated charge is \$2,500 per tent)

Tent Use:								
Current tent # & location	on:							
Requested tent locatio								
	(Attac	h maps with	the locations marked)					
Is there seating?	Yes	No	Seating requested?	Yes	No			
Requested Move Date:								
Pressure Washing	Yes	No						
(Optional add-on. An a	dditional \$!	500 charge v	vill be applied.)					
Departmental Funding Index: (Estimated charge is \$2,500 per tent)								
		,						
D) Relinquish a tent Complete this section if your department no longer needs a tent and wishes to have it removed.								
Current tent # & location: (Attach a map with the location marked)								
Is there seating?	Yes	No						
Requestor Approval								
Requestor Approval Signature:		Prii	nted Name:					
		Prii	nted Name: Date:					
Signature:		Prin						
Signature:			Date:					
Signature: Position title:		ut by OSP – I	Date:					