



# Dixie State University Theatrical Haze/Fog Permit



### Contact Information

Name: \_\_\_\_\_

Cell: \_\_\_\_\_

Dept/Club: \_\_\_\_\_

Email: \_\_\_\_\_

Supervisor/ \_\_\_\_\_

Club Sponsor: \_\_\_\_\_

### Event Information

Name of event: \_\_\_\_\_

Day: \_\_\_\_\_

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

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Crew members: \_\_\_\_\_

Expected participants: \_\_\_\_\_

Location: \_\_\_\_\_

### Fog Machine Information

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Date of Purchase: \_\_\_\_\_ Operator: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Setup and Safety Plan Information

Please provide the following at least 5 days prior to the day of the event:

1 Egress Exit Lights

Approved?

Y N

2 Safety Plan

Y N

Requester name: \_\_\_\_\_

Requesters signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approvers name: \_\_\_\_\_

APPROVED

Approvers signature: \_\_\_\_\_

DENIED

## COMMENTS

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