
BONFIRE REQUEST

Applicant (Print Name): _____ Date: _____

Department: /Student Organization: _____

Phone: _____ Email: _____

Proposed Location: _____

Date of Event: _____ Time of Burn: _____ to _____

Event Sponsor: _____

Assistant: _____ Assistant: _____

Assistant: _____ Assistant: _____

By signing this, I agree that I have read all of the requirements listed for the bonfire, and I agree to abide by all requirements to ensure the safety of all.

Signature of Applicant: _____

Associate Vice Chancellor for Campus Safety and

Emergency Operations Approval: _____ Date: _____

EHS Approval: _____ Date: _____

Police and Public Safety Approval: _____ Date: _____

Facilities Operations Approval: _____ Date: _____

Pembroke Rural Fire Chief Approval: _____ Date: _____