



FACILITIES RESERVATIONS OFFICE

Please print or type all information: CONFIRMATION #: _____

TODAY'S DATE: _____

EVENT TITLE: _____

SPONSORED BY: _____ EVENT TYPE: _____

DATE OF EVENT: _____

EVENT START TIME: _____ EVENT END TIME: _____

RESERVE TIME START: _____ RESERVE TIME END: _____

FACILITY REQUESTED (BLDG/ROOM): _____

CONTACT PERSON: _____

NAME

TITLE

STREET ADDRESS

CITY

STATE

ZIP

WORK NUMBER

HOME NUMBER

Attended by: _____ Students _____ Faculty _____ Staff _____ Off-Campus

Anticipated Attendance: _____ Anticipated Age Range _____

PLEASE NOTE CHARGES MAY BE INCURRED FOR THE FOLLOWING

FACILITIES: SOUND SYSTEM/AUDIO VISUAL/EQUIPMENT

Sound System (include 1 6-channel mixer; 2 speakers; 1 microphone)

Microphone (Lapel)

PA

6' Rect. Table

Podium

Overhead Projector

6' Round Table

Slide Projector

Screen

Extension Cord

Cart

Folding Chairs

Staging

Other _____

ACCOUNT # _____

CAMPUS SECURITY:

Unlock Time: _____ Lock Time: _____

Special Comments:

FOOD & BEVERAGE SERVICE:

For any food and/or beverage needs please contact Chartwells Dining Services Director at 525-3573.

ALCOHOL PRESENT OR SERVED:

If alcohol is to be present or served please submit the "Request for Alcohol" form to the Vice President of Students Affairs located in the Student Services Office, Crooker Center, 525-3575.