

Campus Event & Room Request

Event & Room Request: (Today's Date: _____)

Date of Event: _____ Start Time: _____ End Time: _____

Room (s) to Reserve: _____

Event/Activity Title: _____

Group (or) Classes Involved: _____

Contract Person (s): _____ Phone: _____

How many will be attending? (estimate): Adults: _____ Children: _____

Will you need a shuttle bus? Yes No Please explain: _____

Have you informed your guests that they **need to** park their vehicles off campus? Yes No

Set Up Information:

Set up when?: _____ Will you need assistance?: Yes No
(If you need help setting up – submit a diagram of the set up plan to Clay)

What other type of help will you need?: _____

Equipment needs: (Be sure to list number of each item needed)

- | | | |
|----------------------------------|--------------------|-----------------|
| _____ Sound system / microphones | _____ Round tables | _____ 8' Tables |
| _____ CD Player | _____ Chairs | _____ TV/VCR |
| | | _____ Monitor |

Clean-up / Campus Security:

Clean up: Is YOUR responsibility

Security: You are responsible to see that the building is secure during and after your event.

Who is responsible for securing/arming the building when your event is over?:

Name: _____ Phone Number: _____

Do they have a key and a security code from Denise (Office Manager)?: Yes No

Must Initialize:

1. _____ Accounting
(Money Issues)
2. _____ Clay Swanson
(Facility Issues)
3. _____ Lobby
(Campus Scheduling)

Please obtain the initials of the above individuals in the order they are listed.

LOBBY USE ONLY:

Outlook _____

Notes:

