

STUDENT ASSOCIATION FACILITY & EVENT SERVICES REQUEST



This request is due **7 FULL BUSINESS DAYS** prior to the event.

ROOM RESERVATION

Facility Requested: _____ Estimated Attendance: _____

Event Name: _____

Event Description: _____

Date(s) Requested: _____ (List separately **ALL** multiple dates in the Scheduling Notes section below.)

Reservation Time: _____ Time of Event: _____
 From (Room Access) To (Out of room by) From To

Scheduling Notes:

CATERING / REFRESHMENTS

Will there be any food/drinks? Yes No BEO# _____ All food served on campus must be provided by Sodexo Catering, x6359. Table linens must be requested through Sodexo Catering. Food may be served in the following areas **only**: Holy Spirit Room, Trustees' Dining Room, Fireside Room and Hammer Alumni Dining Room.

Notes: _____

CAMPUS EVENT SERVICES (indicate **quantity** as needed)

Set up deadline: _____
(Time/Date)

Rectangular Tables: _____ 6ft. _____ 8ft. Round Tables (6' diameter): _____ Chairs: _____ Podium: _____

Pipe & Drape: _____ Risers/Staging: _____ Other (Please indicate): _____

Notes:

Please attach diagram of arrangement of tables, chairs, etc..., if necessary to the request.

AUDIO SERVICES (indicate **quantity** as needed)

Set up deadline: _____
(Time/Date)

Of Vocal Mics: _____ Mic Stand: _____

Other (Please indicate): _____

Notes:

VISUAL SERVICES (indicate **quantity** as needed)

Set up deadline: _____
(Time/Date)

Easel: _____ Projector: _____ Screen: _____ Whiteboard: _____ Laptop: _____ DVD Player: _____

Other (Please indicate): _____

Notes: _____

REQUESTER INFORMATION

REQUIRED SIGNATURES

Requester (Please Print) _____ Request Date _____

Student Activities _____ Date _____

Phone # _____ Room # _____

Dean/Department Head _____ Date _____

Requester email _____

Vice President _____ Date _____

Facility Approval

Calendar Office

SA Offices please attach with all required signatures to the Virtual EMS request and submit at least 7 FULL DAYS prior to the activity.