

# STUDENT ASSOCIATION FACILITY & EVENT SERVICES REQUEST



This request must be submitted to the Student Association at least 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 \_\_\_\_\_

Phone # \_\_\_\_\_ Room # \_\_\_\_\_

Requester email \_\_\_\_\_

Student Activities \_\_\_\_\_ Date \_\_\_\_\_

Dean/Department Head \_\_\_\_\_ Date \_\_\_\_\_

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.