

**CAMPUS SERVICES**  
**EVENT RESERVATION APPLICATION**

Name of Event: \_\_\_\_\_ Sponsoring Organization: \_\_\_\_\_

Event Day: Su M Tu W Th F Sa Contact: \_\_\_\_\_

Event Date: \_\_\_\_\_ Address: \_\_\_\_\_

Expected Attendance: \_\_\_\_\_ Phone: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Speed Type #: \_\_\_\_\_

LOCATION (S):

Group 1 _____	Dion Bldg _____	Campus Center _____
Group 2 _____	Athletic Facility _____	Auditorium _____
Group 3 _____	Library _____	Residents' Building _____
Group 6 _____	Administration _____	Other _____

FOOD SERVICE:

Time: \_\_\_\_\_  
Head Table:  How Many: \_\_\_\_\_  
Linen:  Color: \_\_\_\_\_  
Flowers:  Type: \_\_\_\_\_  
Candles:

SERVICES:

High Stage: \_\_\_\_\_ Coat Rack: \_\_\_\_\_ 8ft Table (s): \_\_\_\_\_  
Low Stage: \_\_\_\_\_ Dance Area:   
Do you Need Technical Services:

If you require technical services, please note that a **Tech Request** form must accompany this reservation form. Tech requests must be submitted in a timely manner. Please note refer to the Reservations Policy for deadlines.

BEVERAGE SERVICES:

Start Time \_\_\_\_\_ End Time \_\_\_\_\_  
Cash Bar  Open Bar  Soda Bar   
Beer  Wine  Soda  Full Liquor  Champagne

MENU SELECTIONS:

ROOM SETUP:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_