



# ALUMNI CENTER SCHEDULING REQUEST

## COMMUNITY EVENT

EVENTS SCHEDULED BY NON-UNIVERSITY GROUPS AND/OR INDIVIDUALS

DATE OF EVENT \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_

THIS FORM MUST BE COMPLETED, SIGNED, AND SUBMITTED WITH PAYMENT TO THE ALUMNI CENTER **WITHIN 10 WORKING DAYS** TO CONFIRM YOUR RESERVATION. COMMUNITY EVENTS MAY BE PAID FOR BY CHECK, CASH OR MONEY ORDER, MADE PAYABLE TO THE **UM-ST. LOUIS ALUMNI CENTER**

REQUESTOR'S NAME/SPONSORING GROUP \_\_\_\_\_

ADDRESS \_\_\_\_\_

DAYTIME PHONE NUMBER \_\_\_\_\_ EVENING PHONE NUMBER \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

ARE YOU A MEMBER OF THE UMSL ALUMNI ASSOCIATION?  YES  NO  
AFFILIATION:  FACULTY  STAFF  STUDENT

### TYPE OF EVENT:

- BREAKFAST       LUNCHEON       DINNER       RECEPTION
- MEETING       BIRTHDAY       SHOWER       ANNIVERSARY PARTY
- OTHER \_\_\_\_\_

ESTIMATED ATTENDANCE: \_\_\_\_\_

HOURS REQUESTED: FROM \_\_\_\_\_ AM/PM To \_\_\_\_\_ AM/PM

WILL FOOD BE SERVED?  YES (NAME OF CATERER \_\_\_\_\_)  NO

WILL ALCOHOLIC BEVERAGES BE SERVED?  YES  NO

IS CHINA SERVICE REQUESTED  YES  NO

WILL LINENS BE NEEDED  YES ( ROUND  BUFFET)  NO

### RENTAL ACKNOWLEDGEMENT

I HAVE READ THIS AND THE STATEMENT OF POLICIES AND PROCEDURES AND AGREE TO THE TERMS THEREIN. I AGREE TO ACCEPT FULL RESPONSIBILITY, ON BEHALF OF THE GROUP, FOR THE FACILITIES, ALL EXPENSES, AND ENFORCEMENT OF THE UNIVERSITY'S ALCOHOLIC POLICIES (IF APPLICABLE) AT THE EVENT. I CERTIFY I AM AGE 21 OR OVER.

SIGNATURE \_\_\_\_\_

FOR OFFICE USE ONLY:

ROOMS ASSIGNED: \_\_\_\_\_ S/A \_\_\_\_\_