



# ALUMNI CENTER SCHEDULING REQUEST

## UNIVERSITY EVENT

UNIVERSITY-SPONSORED EVENTS SCHEDULED BY UNIVERSITY FACULTY OR STAFF

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

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

THIS FORM MUST BE COMPLETED, SIGNED, AND SUBMITTED WITH AN INTERNAL ORDER FORM (IOF) TO THE ALUMNI CENTER (ACCOUNT S-3-40124) **WITHIN 10 WORKING DAYS** TO CONFIRM YOUR RESERVATION.

REQUESTED BY: \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ MO CODE # \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

### **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 \_\_\_\_\_