



CAMPUS CENTER PROGRAMS AND SERVICES OFFICE
 (978) 542-6440
 CAMPUS CENTER ROOM 218
 FAX: (978) 542-8307

Day/Date:	Time Events Begins:	Facility/Location:	Time Needed: a.m. TO a.m. p.m. TO p.m.
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EVENT TITLE/TYPE: _____
 EVENT SPONSOR: _____

EST. ATTENDANCE: _____ ADMISSION: \$ _____

Requests for the items below must be coordinated with Facility Director. Equipment below is not available in all College Facilities.

- EQUIPMENT:**
- | | | |
|--|--|--|
| <input type="checkbox"/> CHAIRS # _____ | <input type="checkbox"/> MICROPHONE # _____ | <input type="checkbox"/> LCD PROJECTOR (FOR COMPUTERS) |
| <input type="checkbox"/> RECTANGLE TABLE # _____ | <input type="checkbox"/> CORDLESS MIC (VEIS OR MARSH 210 ONLY) | <input type="checkbox"/> VIDEO PROJECTOR (FOR DVDS) |
| <input type="checkbox"/> ROUND TABLE # _____ | <input type="checkbox"/> TV/VCR/DVD | <input type="checkbox"/> LAPTOP COMPUTER (SEE MEDIA SERVICES X 6724) |
| <input type="checkbox"/> STAGING # _____ PIECES | <input type="checkbox"/> CD PLAYER | <input type="checkbox"/> APPLE ADAPTER |
| <input type="checkbox"/> PODIUM | <input type="checkbox"/> MP3 ADAPTER | <input type="checkbox"/> SCREEN |
| <input type="checkbox"/> EASEL | <input type="checkbox"/> OTHER: _____ | <input type="checkbox"/> CART |
| <input type="checkbox"/> PIPE AND DRAPE | <input type="checkbox"/> OTHER: _____ | |

SERVICES REQUESTED/CHARGES
To BE ARRANGED BY SPONSOR

- | | |
|---|---|
| <input type="checkbox"/> FOOD SERVICE (Must be ordered through Chartwells x6444) | <input type="checkbox"/> SECURITY (1 Week Notice Required) |
| <input type="checkbox"/> ALCOHOL (Must see Counseling & Health Services for approval x6148) | <input type="checkbox"/> MAINTENANCE (1 Week Notice Required) |
| | <input type="checkbox"/> METAL DETECTORS (2 Week Notice Required) |

CHARFIELD: _____
 Sponsor is responsible for any charges, damages, loss of equipment, etc. in the space reserved.

SUBMITTED BY: _____ DATE: _____ TEL. # _____
 Your signature attests that you and your organization hereby understand and agree to abide by the regulations and policies governing the use of college facilities.
 Your signature also authorizes Charfield for services, as determined by the appropriate college offices.

- FOR STUDENT ORGANIZATIONS ONLY:**
- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Unrestricted Event
(Open to all/no security) | <input type="checkbox"/> Dance/Party
(Advertise to Public/2 guest max.) | <input type="checkbox"/> Guest Event
(Advertise to SSC/2 guest max.) | <input type="checkbox"/> Open Event
(Open to all/high security) |
|--|--|---|--|

ADVISOR'S SIGNATURE: _____ DATE: _____ TEL. # _____
 Your signature confirms that a staff member will be in attendance for the duration of the event, unless waived by Campus Center.

EVENT SPONSORS: Please list below individuals responsible for attending and coordinating this event.

1. _____ 2. _____ 3. _____
 4. _____ 5. _____

APPROVED: _____ APPROVED: _____
 Facility Director or Designee - Date Campus Center Programs Office - Date

ROOM REQUEST/EVENT CLEARANCE FORM

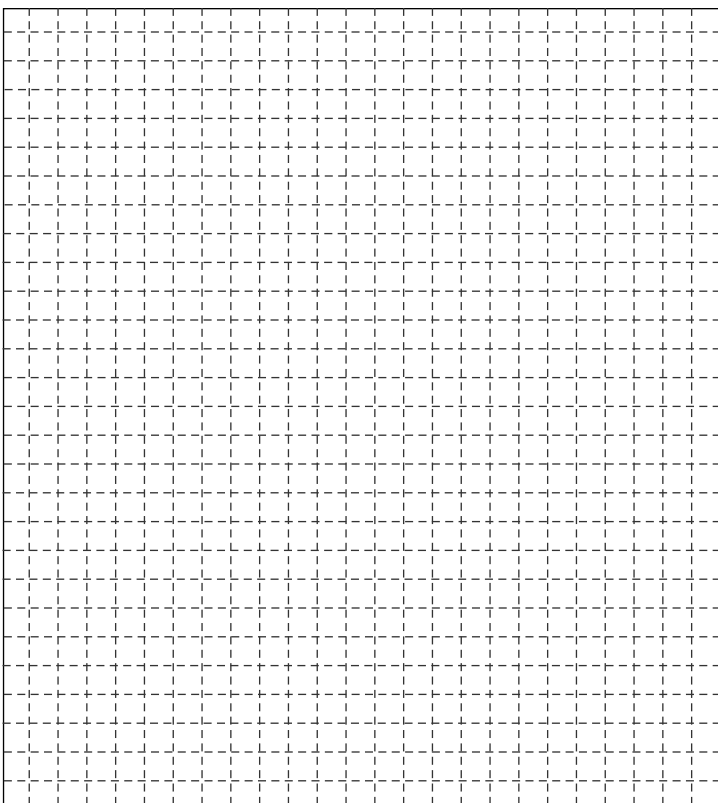
NOTE: Use this for all events, regardless of whether the event is held on campus or off campus

INSTRUCTIONS:

- 1) Fill out this form completely. When completed, return this set intact to the Campus Center Programs Office for confirmation.
- 2) The event will not be considered confirmed until this set is signed and your copies are returned to you by the Campus Center Programs Office.
- 3) Please bear down as you are making several copies.
- 4) Be advised that some campus facilities require additional reservation forms, specific to that facility, be completed. See the reverse of this form for further instructions.

DIAGRAM OF ROOM SET-UP

Please clearly indicate reference points such as doors, windows, entrance, etc.



SPECIAL INSTRUCTIONS:

DISTRIBUTION: CAMPUS CENTER, APPLICANT, FACILITY DIRECTOR