**EVENT SPACE REQUEST FORM**

Completed Event Space and Audiovisual Service Request Forms must be received by Events Management a minimum of **2 weeks prior to the event**. You will receive an e-mail confirming the details of your event space request.

**PLEASE PRINT**

<table>
<thead>
<tr>
<th>Name of Event: ____________________</th>
<th>Date submitted to Events Management: ____________________</th>
</tr>
</thead>
</table>

Is this a high profile event? □ No □ Yes If yes, please send a memo to Facilities, Security, and Dining Services detailing event needs. Please copy Events Management.

<table>
<thead>
<tr>
<th>Location Preferred: ____________________</th>
<th>Number Expected to Attend: ____________________</th>
</tr>
</thead>
</table>

Day and Date of Event: ____________________ Actual Start Time: ________ □ am □ pm Actual End Time: ________ □ am □ pm

Person Coordinating Event: ____________________ Sponsoring Department/Organization: ____________________

<table>
<thead>
<tr>
<th>Extension/Phone: ____________________</th>
<th>E-mail Address: ____________________</th>
</tr>
</thead>
</table>

* Student Club Advisor’s Name (if applicable) ____________________ Signature ____________________ Extension ________ Date ________

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### EVENT PLANNING CHECKLIST:

**Will AUDIOVISUAL SUPPORT be needed?** □ No □ Yes

*PLEASE submit an Audiovisual Service Request Form QUESTIONS?* Contact AV Services, x4-3021 or avservices@barnard.edu

**Is Aramark CATERING your event?** □ No □ Yes

*QUESTIONS?* Contact the Catering Director, x4-6653

**Are you SELF-CATERING your event?** □ No □ Yes

If yes, remember to provide your own tablecloths for ALL tables and remove trash after the event.

**Will ALCOHOL be served?** □ No □ Yes

If you plan to serve alcohol, your event MUST be registered with Lerner Administration under the University Alcohol Policy. Student groups must obtain approval from their club advisor.

*MORE INFORMATION?* Contact Lerner Hall Event Management x4-5825

**Is a STUDENT CLUB organizing this event?** □ No □ Yes

If yes, obtain your *student club advisor’s signature (above)* before submitting this form.

You must complete and submit an **EVENT SECURITY FORM** to Events Management if you answer yes to any of the following questions.

- Are you advertising your event off campus? □ No □ Yes
- Are 150 or more guests expected to attend? □ No □ Yes
- Is this event a party or concert? □ No □ Yes
- Is alcohol being served? □ No □ Yes
- Is money being collected? □ No □ Yes

**PLEASE NOTE:** If required, the Event Security Form MUST accompany the Event Space Request Form.

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### FACILITIES SET-UP NEEDS:

*Please indicate the QUANTITY needed on the lines provided below. Unsure of your needs? Please contact us at x4-7005, we would be happy to help you.*

**Tables:**
- _______ 6’ rectangular
- _______ 60” round
- _______ 48” round

**Chairs:**
- _______ Black folding

**Podium:**
- □ Blue Barnard
- □ Wooden
- Lectern: □ Tabletop □ Standing

**Misc.:**
- Blue Cloths (#) _______ (NOT for food tables or round tables)
- Coat Racks for _______ coats
- Trash Cans _______
- Recyclable cans _______

Describe set up or attach a diagram.

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**For office use only**

| Reservation # ____________ | Date received: ____________ |