

EVENT SPACE REQUEST FORM

BARNARD Events Management ❖ Altschul 101
Tel. (212) 854-7005 Fax (212) 854-5845 E-mail spaceres@barnard.edu

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

Date submitted to Events Management: _____

Name of Event: _____ Lecture Reception Banquet Party/Concert Other _____

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.*

Location Preferred: _____ Number Expected to Attend: _____

Day and Date of Event: _____ **Actual** Start Time: _____ am pm **Actual** End Time: _____ am pm

Person Coordinating Event: _____ Sponsoring Department/Organization: _____

Extension/Phone: _____ E-mail Address: _____

* Student Club Advisor's Name (if applicable) _____ Signature _____ Extension _____ Date _____

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.

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.

For office use only

Reservation # _____ Date received: _____