

EVENT/ACTIVITY RESERVATION REQUEST FORM

Event Inf	formation					
Event Nam	ne:					
Event Date	e:	Ever	Event Time:			
Arrival Tim	ie:	Departure	e Time <u>:</u>			
Estimated	Number of Guests:					
Event to be	e set up by: Date:		Time:			
Please give	e a detailed description of	the event:				
Contact	Information					
Contact Pe	erson:					
Sponsoring	g Organization/Department	::				
Email:			Telephone:			
Desired	Space					
BB&T	Bellemonte House	Board of Trustees*	Chapel C	Classroom		
Dunn *BOT can't cha	Hartness GTC GTC	Grounds Library	Taylor Center			
Desired ro	om in that space.					

Set-Up

Set-Up Requirements and Room Configuration:

Classroom (tables, chairs)

Theater Style (chairs)

Boardroom (Chairs around rectangular table)

Other: Give a brief description

Tech Requirements	(Check equipment &	enter # needed if applicable)
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Sound System (Requires Sound Technician): Number of inputs required								
Podium								
Microphone(s): Handheld	Wired		Lapel					
Laptop 📋 HDMI Port	VGA Port	Audio	Aux Input					
Video								
Projector/Screen								
Monitor(s) #								
Instrument(s): Type DI Required?								
Spotlight (Requires spotlight technician)								
Lighting (requires lighting technician):								
General								
Custom (Light plot must be turned in 2 weeks prior)								
Additional Equipment Required (Give a brief Description)								

Catering

Description of the type of catering needs:

Security

Description of the type of security needs:

Additional Information

Please share any additional information about the event or needs:

Requests are not officially reserved until a confirmation is generated from Kimla Brandt and is received by the Event Requestor.

I, the undersigned, understand that I am responsible for the planning of this event/activity and I acknowledge that this form serves to ensure all logistical aspects.

Signature:

_____ Date: _____

Please submit form to:

Kimla Brandt NCWU Event Coordinator and Summer Camp Director Kbrandt@ncwu.edu or 252-985-5348