

# Event Reservation Form

Day \_\_\_\_\_

Title of Event \_\_\_\_\_ Date of Event \_\_\_\_\_

Type of Event \_\_\_\_\_ Room/Space Requested \_\_\_\_\_

Time of Event: From \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM Set up time needed \_\_\_\_\_

Name of Contact \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address/Campus Location \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Today's Date \_\_\_\_\_ Group/Club \_\_\_\_\_ College Sponsored Event: Yes  No

**Notes:**

- In Finch Chapel and Huggins Performance Center, light and sound assistance may be required at a cost of \$35.00 per hour per technician.
- Security is required for any event with an expected attendance of 100 or more, at a cost of \$15.00 per hour per officer, 2 hour minimum.
- All food service on campus must be provided by Aramark. To arrange for catering, please call (336) 272-7102 ext. 255.
- A custodial fee is charged for weekend or extraordinary cleaning.
- On-campus requests will be confirmed via a photocopy of this form with "ENTERED" stamped on it.
- Contact the Conferences and Events Office with questions at ext. 379.

Projected Attendance _____
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Catering Needed	
Yes <input type="checkbox"/>	No <input type="checkbox"/>

Equipment Needed	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tables _____ rec. _____ round	
Skirts _____	
Chairs _____	
Podium _____	
TV/VCR _____	
PA System/Mic. _____	
Screen _____	
Overhead Proj. _____	
Slide Proj. _____	
Flip Chart _____	
Easel _____	
Orchestra Shells _____	
Risers _____	
Music Stands _____	
Other _____	

Room Arrangement	
<input type="checkbox"/> Lecture/Theatre style	<input type="checkbox"/> Banquet
<input type="checkbox"/> Conference Room style	<input type="checkbox"/> Reception
<input type="checkbox"/> Classroom style	<input type="checkbox"/> As is
<input type="checkbox"/> Circle of chairs	<input type="checkbox"/> Other _____

Security Needed	
Yes <input type="checkbox"/>	No <input type="checkbox"/>

Office Use Only	
<input type="checkbox"/> Schedule Book	<input type="checkbox"/> Copy Sent

Technical Assistance	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Lights <input type="checkbox"/>	Sound <input type="checkbox"/>
Recording (certain events/venues only) <input type="checkbox"/>	

Please return to: Greensboro College  
Office of Conference and Events  
2<sup>nd</sup> Floor Main Building, Office 215

Custodial Fee	
Yes <input type="checkbox"/>	No <input type="checkbox"/>

Special Needs No <input type="checkbox"/>	
Piano <input type="checkbox"/>	Florals <input type="checkbox"/>
Tent <input type="checkbox"/>	Other _____

**Student Activities Event Scheduling Form**

**\*\*Initial meeting with the Director of Student Activities needs to take place no later than two weeks before the event\*\***

Organization name: \_\_\_\_\_

Organization contact: \_\_\_\_\_

Contact e-mail: \_\_\_\_\_

Contact cell phone: \_\_\_\_\_

Name of event: \_\_\_\_\_

Anticipated date of event: \_\_\_\_\_

Estimated attendance: \_\_\_\_\_

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Initial meeting with Lindsey Henderson: \_\_\_\_\_ Date \_\_\_\_\_

[Lindsey.henderson@greensborocollege.edu](mailto:Lindsey.henderson@greensborocollege.edu)

336-272-7102, ext. 248

Reynolds Center

Budget discussed:     Publicity discussed:

Director of Conference and Events: \_\_\_\_\_ Date \_\_\_\_\_

Terrie Jacobsson

[tjacobsson@greensborocollege.edu](mailto:tjacobsson@greensborocollege.edu)

336-272-7102, ext. 379

Main Building, Office 215

Director of Catering: \_\_\_\_\_ Date \_\_\_\_\_

Joan Glynn

[catering@greensborocollege.edu](mailto:catering@greensborocollege.edu)

336-272-7102, ext. 255

Fowler Dining Hall

Organization account number: \_\_\_\_\_

Security (as discussed with Conference and Events) \_\_\_\_\_ Date \_\_\_\_\_

Final meeting with Lindsey Henderson: \_\_\_\_\_ Date \_\_\_\_\_