EVENT RESERVATION PACKET

HARCUM COLLEGE
Full Name: ________________________ Phone: ______________ Date: ____________
Organization: ________________________ Email: ________________________

NAME OF PROPOSED EVENT

DATE: _________ TIME: __________ LOCATION: ______________

Each organization or club wishing to host an event must complete an event request form and return it to the Director of Campus Activities at least ten (15) days prior to the event. Under no circumstances is alcohol to be served at any Harcum College organizational event. If you are found to be in violation of this policy your event will be immediately shut down, funding will be frozen, and the organization will no longer be recognized by the College.

1. Purpose of Event: (Brief description and explain goals of event)

2. Will there be an admission fee? [ ] YES [ ] NO AMOUNT: _________

3. Is the event open to the general public? [ ] YES [ ] NO
   - If so, how will this be organized?

4. Will this event need catering services? [ ] YES [ ] NO

5. Estimated Attendance? (Confirm room capacity is appropriate) _________

6. Funding will be provided by?

Return all forms to the Office of Campus Activities, Klein Hall, 2nd Floor, room 208
The administration is responsible for the use of all College facilities. In order that they may consider your request for the use of a Harcum College building or room, please complete the form below:

1. Building/Room Request:
The _______________________________(Organization/Individual) request the use of the _______________________________(Building/Rooms) at Harcum College for the purpose of _______________________________(Event Name/Purpose) on ____________ (Day), ____________ (Date), 2013/2014 from _______ (am/pm) to _______ (am/pm).

Name, address, and phone number for the person completing this request:

__________________________________________________________________________

2. Rules Governing Use of Facilities by Organizations/Individuals:
   a. No smoking is allowed except in designated areas.
   b. No drinking of alcoholic beverages is permitted.
   c. Activity shall be restricted to that area for which permission is granted.
   d. The activity shall not extend beyond the hours approved in the request.
   e. All programs shall be planned so that they do not interfere with the regular day class schedule.
   f. The organization/individual using the building shall be responsible for moving its equipment into and out of the building.
   g. The person in charge of the activity shall be present before the activity is due to start and remain with the group until all have left.
   h. College authorities must have free access to all rooms at all times.
   i. Room(s) or facilities used by applicant will be carefully examined after use. The applicant will arrange for prompt payment of any loss or damage occurring as a result of use of College property.
   j. No College property or equipment is to be altered or removed from the premises.
   k. This agreement is revocable at any time by college authorities.
   l. No reservation will be made until this application is returned and approved.

I agree or on behalf of the above indicated organization that all members and guests will observe the above regulations and that we, individually, and as an organization, will assume full responsibility for any and all damages done to Harcum College property during the above indicated period of use. We also agree that our organization will at all times hereafter indemnify the above-named College against any loss, damage, or expense of any kind, which said College may sustain or incur because of use of the above described building by our organization and we will further hold said College harmless for loss of any kind in connection therewith.

Applicant: ___________________________________________ Date: ____________
(signature)
Date of Request: ___________________________ Organization: ___________________________

Event Coordinator: ___________________________ Phone: ___________________________

Event Name: ___________________________

Date of Event: ___________________________ Event Time: Start ______ (am/pm) End ______ (am/pm)

Location: ___________________________ Estimated Attendance: ______

Request Facilities to Set Up the Following:

☐ Partitions/Dividers
☐ Microphone
☐ Podium
☐ Number of Tables: (Round) _________ (Rectangular/Square) ______
☐ Number of Chairs: ______
☐ Projector(s) and Screen(s): Amount ______
☐ Television with: ☐ VCR ☐ DVD Player
☐ Extension Cords: Size _____________ Amount ___________
☐ Trash Cans
☐ Other: ___________________________

Set Up Layout:

If you have any questions or problems, please contact the Facilities Office at extension 6181.
AV/Laptop Request Form
Please provide 1 week notice to fill requests!

Name: ___________________________  Today’s Date: ___________________________

Phone Number: ___________________________  Email: ___________________________

Date/ Days needed: ___________________________  Time needed: ___________________________

Expected Time of Return: ___________________________  Building / Room: ___________________________

Equipment Needed:
(Please note: Most classrooms in the Academic Center have a projector, DVD player and VCR installed. If you are unsure whether that includes your classroom, please ask a Librarian.)

____ Audio Cassette / CD Player    _____ LCD Projector (Stand-alone)    _____ Slide Projector

____ TV / VCR / DVD player (stand-alone)    __ ____ Laptop    _____ Laptop Speakers

____ Library Video / DVD [Call Number]: ___________________________________________

____ SMART Podium Key    _____ Classroom AV Key to Cabinet

____ TurningPoint Receiver with ______ Response Clickers needed for class (please fill in number)

____ Mouse    ____ Remote Point Mouse/Presentation    _____ Screen

____ Remote for Installed Projector    _____ Internet Data Cable    _____ Wireless node

____ Mobile Laptop Cart with Wireless Node with____ Laptops (16 Maximum)* your request needs
to be verified.

_____ Other: _______________________________________

Rev. 8/09
SODEXO CATERING FORM
Seven Day advance notice is required on all functions

Date of Request: ___________________ Event Coordinator: ___________________
Phone: ____________________________ Account to be Charged: ________________
Date of Contract: __________________ Estimated Attendance: __________________
Date of Event: ____________________ Event Time: Start ______(am/pm)  End ______(am/pm)

Type of Service: 
☐ Coffee Break
☐ Continental Breakfast
☐ Luncheon
☐ Afternoon Break
☐ Reception
☐ Student Line
☐ Preset
☐ Paper Service
☐ Buffet Service
☐ Linen & China Service
☐ Other ______________

Facilities to be used: 
Please specify where your function is to be held ________________________, and any special needs: ____________
_________________________________________________________.

Maximum Budget for the event: 
______________________________________________

Menu Selection: 
(Please use your catering manual to help you with your selection and budget)

Customer Signature: _________________________________________
SODEXO Price Quote (all prices are per person): _________________
SODEXO Management Signature: _________________________________
Guaranteed Minimum Number of Attendance: _____________________
Price Approval (Customer Signature): _____________________________

If you have any questions or problems, please contact SODEXO at X6262
Event Name: ____________________________________________

Sponsoring Organization: _______________________________________

Advisor: _______________________________________

Type of Event: ☐ EDUCATIONAL ☐ DANCE ☐ CONCERT ☐ OTHER

Date of Event: __________________________Rain Date: ______________

Time of Event: Start ____________ (am/pm)    End ______________(am/pm)

Location of Event: __________________________Rain Location: __________________

Expected Attendance: __________________

Number of Officers Requested: ______________Report Time: ___________(am/pm)

Account to be charged ($11.00/hr/officer) ___- _____- _______-

On-Site Supervisor of Event: ___________________________ Phone: __________________

Approval:

Campus Activities: __________________________________________Date: __________

Director of Campus Activities

Public Safety: ______________________________________________Date: __________

Director of Campus Safety
Did you...

_____ Complete an Event Request Form?
_____ Complete a Building/Room Reservation Form?
_____ Complete a Public Safety Request Form?
_____ Complete a Facilities/Set Up Request Form?
_____ Pick up a SODEXO catering packet or outside catering information?
_____ Publicity: Have all flyers and posters approved by Campus Activities?
_____ Reserve a Cash Box from the Office of Campus Activities?

OFFICE USE ONLY:

Date Submitted: Proposed Date:
Approved: Not Approved:
Initials:
Additional Notes:

Return all forms to the Office of Campus Activities, Klein Hall, 2nd Floor, room 208