Fisk University

Event Request Form (External Events)

The Event Request Form should be submitted no later than ten (10) business days prior to the requested event date. Please see the Fisk Event Requisition process for further details.

Please note that ALL fields must be completed PRIOR to submitting your Event Request Form

EVENT DETAILS:

Event Name: _____
Event Location: _____
Event Date: _____
Event Time: **Set up:** _____ **Begin:** _____ **End:** _____

Event Type: (Please circle one)

Concert Performance	Banquet	Lecture/Seminar
Play	Social Event	Training
Exhibit/Fair	Fundraiser	Meeting
Reception	Sports Event	Other: _____

EVENT INFORMATION:

Group Name: _____

Please provide two contacts for all events.

Contact # 1
Name: _____
Phone: _____
Fax: _____
Email: _____

Contact #2
Name: _____
Phone: _____
Fax: _____
Email: _____

EVENT DECSRIPTION:

Please describe information about your event below. Please use an additional sheet if necessary.
_____
_____

ADDITIONAL INFORMATON:

Please indicate your target audience below, including all that apply: Board of Trustees, Students, Faculty, Staff, Community, Alumni, Vendors, etc.
Target Audience: _____

Number of Attendees: _____

If your event requires equipment set up, please indicate the quantities below.
If set up is required, please attach a set-up diagram.
_____Chair(s) _____Table(s) (Round, seats 6, 8 or 10) ____Table(s) (Rectangular, 6ft)

Will handicap accommodations be required for this event? (Circle one) **Yes** **No**

Does your event require special parking arrangements? (Circle one) **Yes** **No**
If yes, please describe the parking arrangements required below.

_____

_____

Will dignitaries be attending this event? (Circle one) **Yes** **No**
If yes, please list the names of the dignitaries, times of arrival and special needs below.

_____

_____

Will there be an exchange of money at your event? **Yes** **No**
If yes, please indicate the cost to attend. $_____

If your event requires Audio Visual equipment, please indicate the quantity below.

___ CD/DVD Player
___ Microphone-Hand held
___ Microphone-Podium
___ Microphone-Standing
___ Projector-LCD
___ Laptop
___ Internet Connection
___ Not Applicable (N/A)

If you are requesting any Audio Visual equipment, please indicate your usage from the list below. (Circle all that apply)

DVD Presentation
Overhead Transparencies
PowerPoint Presentation
Video
Not Applicable (N/A)

Will your event require catering? **Yes** **No**

If your event requires special set up, please include set up instructions below.

_____

_____

Please sign below as verification that the above information is correct.

_____ _____
Event Requestor **Date**

☐ **Alumni** ☐ **Student** ☐ **Other** _____

☐ **Approved** ☐ **Denied** ☐ **Pending** (Requiring further information)

Comments: _____

_____ _____
Scheduling Coordinator Signature **Date**