Fisk University

Event Request Form

The Event Request Form <u>must be approved by the Department Head & submitted to the Scheduling Coordinator no later than ten (10) business days prior to the requested event date.</u> Please see the Fisk Event Requisition process for further details.

Please note that <u>ALL</u> fields must be completed <u>PRIOR</u> to submitting your Event Request Form

<u>EVENT DETAILS:</u>

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: _____

<u>EVENT INFORMATION:</u>

Group Name: _____

Please provide two contacts for all events.

<u>Contact # 1</u>
Name: _____
Phone: _____
Fax: _____
Email: _____

<u>Contact #2</u>
Name: _____
Phone: _____
Fax: _____
Email: _____

<u>EVENT DECSRIPTION:</u>

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

<u>ADDITIONAL INFORMATON:</u>

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.***

_____Chairs _____Table (Round, seats 6 or 8) _____Table (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**

☐ **Faculty/Staff** ☐ **Student** ☐ **Other** _____

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

Comments: _____

_____ _____
Department Head Signature **Date**

_____ _____
Building Approval **Date**

_____ _____
Scheduling Coordinator Signature **Date**