

All facility requests must be submitted at least 72 hours in advance.

# ANGELO STATE UNIVERSITY

## FACILITIES REQUEST FORM

**Reservation is not complete and space is not guaranteed until customer receives written confirmation from the Special Events office.**

Department/Organization(s) \_\_\_\_\_

Name of Contact Person \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Fax \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Event Name (Program/Activity) \_\_\_\_\_

Event Date \_\_\_\_\_

Event Time \_\_\_\_\_ Facility Open By \_\_\_\_\_ Start Time \_\_\_\_\_ End Time \_\_\_\_\_

Number of Participants \_\_\_\_\_ Non-ASU participants to attend? \_\_\_\_\_

Is this event a fund raiser? \_\_\_\_\_ Is event sponsored by a grant or outside organization? \_\_\_\_\_

Will participants be charged to attend? \_\_\_\_\_ Is event to be held in conjunction with any outside group(s)? \_\_\_\_\_  
If yes, please fill out Facilities Fee Waiver form or your Office will be assessed rental/labor charges.

**NOTICE:** Do you plan to include alcohol at your event? \_\_\_\_\_

Reservations are based on availability.  
 Rates are based on room size, # of guests, services, and equipment requested.

**NOTE: Alcohol service requires a special approval process. There will be additional charges for security.**

Room Requested \_\_\_\_\_ Additional Rooms \_\_\_\_\_

### SET-UP NOTES:

Set-Up Type \_\_\_\_\_ Registration Table \_\_\_\_\_ how many \_\_\_\_\_

Stage \_\_\_\_\_ If yes, how large (stage comes in 8' X 4' sections - Standard Stage is 16' X 8')

Awards Table(s) \_\_\_\_\_ how many \_\_\_\_\_ Head Table(s) \_\_\_\_\_ how many chairs at the Head Table \_\_\_\_\_

TV	Digital Projector	Marker Board (White Board)
VCR	Overhead Projector	Drapes (Qty) _____
DVD Player	Teleconference Phone	Sound System
Laptop	Digital Recorder	Easels (Qty) _____
Laptop w/Audio	Podium/MIC	Large Paper Pads (Qty) _____
Internet Connection	Wireless MIC (Hand Held)	Other _____
Screen	Lapel MIC	

Enter Miscellaneous Set-Up Details Below:

**\*Include all details available  
 Please Do Not Write  
 "Set-up same as last year"  
 Final Set-up due 1 week prior to event**

EXECUTIVE DIRECTOR FOR BUSINESS SERVICES \_\_\_\_\_ DATE \_\_\_\_\_

**Attention:**  
 Printing or saving the request form prior to submission will transmit a blank request form. To print a copy of the request form for your records, please use the browser back button after you have submitted your request form.



<u>Itemized Charges</u>	
Rental	\$ _____
A/V Equipment	\$ _____
A/V Set-Up	\$ _____
A/V Technician	\$ _____
Custodial	\$ _____
Utility Surcharge	\$ _____
Labor Required	\$ _____
Before/After Hours	\$ _____
<b>*Estimated TOTAL</b>	<b>\$ _____</b>

**\*Based on submitted set-up information; additional requests may generate additional charges.**