

Multicultural Student Affairs (M.S.A.) Reservation Request The 'AM' Gilbert 100

Please fill out all appropriate sections. Incomplete forms will be returned.

Return form to ckdixon@ship.edu.

All reservations will be confirmed via email.

Organization/Department: _____

Event Title: _____

Date(s) of Event: _____ Estimated Attendance: _____

Start Time: _____ End Time: _____

Set-up Time needed: _____ Tear down Time needed: _____

YES NO

Will there be food at this event?

Is this event open to the general public?

Will admission be charged?

Audio Visual Equipment (check all that apply)

Access Needed (check all that apply)

TV

Telephone/Fax Line

DVD

Cable

VCR

Wi-Fi Internet

Additional Equipment (check all that apply)

Pipe & Drape

6' Tables (3)

Podium

Card Tables (8)

Table Top Podium

Folding Chairs (25)

Contact Information

Name: _____

Phone: _____

Fax: _____

Email: _____

Office Use Only

circle one

Date Received: _____

Approved

Denied

Name: _____

Signature: _____

Date: _____