EVENT SPACE REQUEST FORM

BARNARD Special Events ❖ Altschul 011
Tel. (212) 854-7005 Fax (212) 854-5845 E-mail spaceres@barnard.edu

Completed Event Space and Audiovisual Service Request Forms must be received by Special Events a minimum of *10 business days prior to the event*.
You will receive an e-mail confirming the details of your event space request.

PLEASE PRINT Date submitted to Special Events: _____

Name of Event: _____ ☐ Lecture ☐ Reception ☐ Banquet ☐ Party/Concert ☐ Other_____

Is this a high profile event? ☐ No ☐ Yes *If yes, please send a memo to Facilities, Security, and Dining Services detailing event needs. Please copy Special Events.*

Location Preferred: _____ Number Expected to Attend:_____

Day and Date of Event: _____ **Actual** Start Time: _____☐ am ☐ pm **Actual** End Time: _____☐ am ☐ pm

Person Coordinating Event: _____ Sponsoring Department/Organization: _____

Extension/Phone: _____ E-mail Address: _____

* Student Club Advisor's Name (if applicable) _____ Signature _____ Extension _____ Date _____

EVENT PLANNING CHECKLIST:

Will AUDIOVISUAL SUPPORT be needed?.....☐ No ☐ Yes
PLEASE submit an Audiovisual Service Request Form
QUESTIONS?...Contact AV Services, x4-3021 or avservices@barnard.edu

Is Aramark CATERING your event?.....☐ No ☐ Yes
QUESTIONS?...Contact the Catering Director, x4-6653

Are you SELF-CATERING your event?.....☐ No ☐ Yes
If yes, remember to provide your own tablecloths for ALL tables and remove trash after the event.

Will ALCOHOL be served?.....☐ No ☐ Yes
If you plan to serve alcohol, your event **MUST** be registered with Lerner Administration under the University Alcohol Policy. Student groups must obtain approval from their club advisor.
MORE INFORMATION?...Contact Lerner Hall Event Management x4-5825

Is a STUDENT CLUB organizing this event?.....☐ No ☐ Yes
If yes, obtain your *student club advisor's signature (above) before submitting this form.

You must complete and submit an **EVENT SECURITY FORM** to Special Events if you answer yes to any of the following questions.

Are you advertising your event off campus? .....☐ No ☐ Yes
Are 150 or more guests expected to attend? .....☐ No ☐ Yes
Is this event a party or concert? .....☐ No ☐ Yes
Is alcohol being served? .....☐ No ☐ Yes
Is money being collected? .....☐ No ☐ Yes

PLEASE NOTE: If required, the Event Security Form MUST accompany the Event Space Request Form.

FACILITIES SET-UP NEEDS:

*Please indicate the **QUANTITY** needed on the lines provided below. Unsure of your needs? Please contact us at x4-7005, we would be happy to help you.*

Tables: _____ 6' rectangular _____ 60" round _____ 48" round

Chairs: _____ Black folding

Podium: ☐ Blue Barnard ☐ Wooden **Lectern:** ☐ Tabletop ☐ Standing

Misc.: ☐ Blue Cloths (#)_____ (*NOT for food tables or round tables)*
☐ Coat Racks for _____ coats ☐ Trash Cans _____

Describe set up or attach a diagram.

White copy – *Special Events* **Yellow copy** – *Person requesting space* **Pink copy** – *Student Club Advisor* Reservation # _____ Date form received: _____