NON-CAMPUS ORGANIZATION RESERVATION REQUEST FORM

Complete and return with your $25 non-refundable application fee at least three (3) weeks prior to proposed activity.

CONTACT INFORMATION

Contact Person _______________________________ Contact Number _______________________________
Address _______________________________________________ State ____________ Zip ________________
City ___________________________________________ Email Address _______________________________________

EVENT INFORMATION

Organization Name ____________________________________________
Event Name ________________________________________________
Facility Requested _________________________________ Estimated Attendance ________________
Date(s) Requested __________________________________________
Event Set Up Time __________________________________________
Event Start Time __________________________________________
Event End Time __________________________________________
Ticket Amount $ ________________
Open to Public Y          N
Vendors to participate Y          N

Note: Prior approval is required for any proposed merchandise sales on campus.

Please provide a brief description of your event:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

TYPE OF EVENT

☐ Class
☐ Dinner/Dance/Party
☐ Seminar/Lecture
☐ Vendor Table
☐ Athletic Event
☐ Other

TECHNOLOGY EQUIPMENT REQUIRED

☐ None
☐ Lectern
☐ Computer
☐ Screen
☐ LCD Projector
☐ Microphone
☐ Conference Phone
☐ Other: ________________________________

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ROOM PREFERENCE

- Classroom
- Computer Lab
- Meeting Room
- Information Table
- Gymnasium/Stadium
- Theater
- Other Athletic Facility

PREFERRED ROOM SIZE

- Less than 15 people
- 16-30 people
- 31-50 people
- 51-100 people
- 101+ people

SET UP PREFERENCE

- As Is - Room has fixed seating which cannot be moved from original configuration
- Banquet Style - Round tables set with a maximum of eight to ten (8-10) chairs at each
- Classroom Style - Tables with chairs facing front
- Conference Style - Six foot rectangle tables set up in square or U-shape
- Lecture Style - Chairs set up in row seating with center aisle and head table
- Theater Style - Chairs only facing front

OTHER NEEDS

- Catering
- Guest Parking
- Network Access
- Box Office/Ticket Sales

I have read and will abide by Norfolk State University’s Policies and Procedures for Facility Use. All activities must be approved by university officials before any activity can take place. Advertising for an event is prohibited before the event is confirmed. No event is confirmed until the required deposit has been received.

Signature of Responsible Person ___________________ Date ____________

UNIVERSITY USE ONLY

UNIVERSITY OFFICIALS

Davida Williams _______________________________ Date
Director, Auxiliary Services
Approved Y N

Gerald E. Hunter _______________________________ Date
Vice President for Finance and Administration
Approved Y N

F. Dan Young _______________________________ Date
Director, Facilities Management
Approved Y N