



# Event Services Request Form

Dallas Theological Seminary • Event Services • 3909 Swiss Ave. • Dallas, Texas 75204 • 214.887.5160 • 214.887.5161 • Fax: 214.887.5517

## EVENT SERVICES USE ONLY

Date Received \_\_\_\_\_ Facility Book  CARS # \_\_\_\_\_  
 Director of Facility Coordinator Approval \_\_\_\_\_ Facility Setup Approval \_\_\_\_\_  
 Campus Police  Applicant  Event Services \_\_\_\_\_  
 Student Services  Media Support  Catering \_\_\_\_\_  
 Other  Parking Reservation \_\_\_\_\_  Custodial Services \_\_\_\_\_  
 Event Services Coordinator Approval \_\_\_\_\_ Project \_\_\_\_\_

Please see Event Services Procedures for DTS and non-DTS Groups at [www.dts.edu/eventservices](http://www.dts.edu/eventservices) for information on how to use this form.

## RESERVATION INFORMATION

Activity Name \_\_\_\_\_ Number Attending \_\_\_\_\_

Location Requested \_\_\_\_\_ Times: Start \_\_\_\_\_ End \_\_\_\_\_  
Building Requested/Room # Building must be vacated by 9:30 PM

Activity Date(s) \_\_\_\_/\_\_\_\_/\_\_\_\_ Day(s) of the Week \_\_\_\_\_

Set up completed by \_\_\_\_\_ (AM/PM) on \_\_\_\_\_ Will you be decorating? If so, when? \_\_\_\_\_

Applicant: \_\_\_\_\_  
Name Dept. Name 10 Digit Account #

Email Box/Address Phone # or Ext ID #

By signing below I acknowledge I have read the Event Services Procedures for DTS or Non-DTS Groups and agree to the terms included.

Applicant: \_\_\_\_\_  
Applicant's Signature Print Applicant's Name

Advisor: \_\_\_\_\_  
Advisor's Signature Print Advisor's Name

Event Budget: \$ \_\_\_\_\_ Budget Mgr/Dept Head: \_\_\_\_\_  
Signature Print Name

Room Arrangement #: \_\_\_\_\_ (attach room diagram OR see [www.dts.edu/eventservices](http://www.dts.edu/eventservices))  
 Podium  Lectern *Note: All set ups must be approved & completed by the Event Services Team*

Further description if necessary: \_\_\_\_\_

For help, call Event Services @ x5160 or x5161.

**PARKING** Reserve \_\_\_\_\_ Parking Spaces (pending approval) Lot:  E4  NI  
*Note: Minimum of 20 spaces required for parking reservatio*

**MEDIA SUPPORT**  Data Projector  PA System Comments \_\_\_\_\_  
 Media Support Approval \_\_\_\_\_ Date \_\_\_\_\_

**MEDIA PRODUCTION**  Audio  Video Purpose of Recording \_\_\_\_\_  
 Media Production Approval \_\_\_\_\_ Date \_\_\_\_\_

*Note: Any type of media support (x5349) or media production (x5341) requires approval prior to submitting ESR to Event Services*

Will there be food at this event?  NO If not, you're done! Submit this page to [eventservices@dts.edu](mailto:eventservices@dts.edu)  
 YES Continue to 2<sup>nd</sup> page

**PLACE SETTINGS** (Indicate quantities)

\_\_\_\_\_ Styrofoam cups      \_\_\_\_\_ Chinette Plates      \_\_\_\_\_ Plastic Plates      \_\_\_\_\_ 6" Styrofoam Plates  
 8 oz  12 oz       6"  9"       6"  9"
  
\_\_\_\_\_ 12 oz Plastic cups      \_\_\_\_\_ Dinner Napkins      \_\_\_\_\_ Beverage Napkins      \_\_\_\_\_ Plastic ware
  
Corelle Dishes
  
\_\_\_\_\_ Cups/Saucers      \_\_\_\_\_ Plates      \_\_\_\_\_ Glasses      \_\_\_\_\_ Flatware
  
\_\_\_\_\_ Full Place Setting (Full Meals Only)

**CATERING EQUIPMENT** (Indicate quantities)

\_\_\_\_\_ Coffee/tea condiments      \_\_\_\_\_ Ice bucket w/scoop
  
\_\_\_\_\_ 55-cup Coffee Urn      \_\_\_\_\_ Waters \_\_\_\_\_ Sodas
  
\_\_\_\_\_ Hot Water Carafe/Urns      \_\_\_\_\_ Shallow tub w/ ice for soda/waters
  
\_\_\_\_\_ Hot tea selection      \_\_\_\_\_ Punch bowl with ladle
  
\_\_\_\_\_ 12- cup Coffee Shuttles      \_\_\_\_\_ Plastic pitchers/drip tray

**LINENS** (Indicate quantities)

Table Cloths (white)      \_\_\_\_\_ Napkins (white)      \_\_\_\_\_ Table Skirting (red)
  
\_\_\_\_\_ Square
  
\_\_\_\_\_ Rectangle

**DTS CATERING FOOD & BEVERAGE SELECTIONS AND SPECIAL INSTRUCTIONS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NON-DTS CATERER INFORMATION**

Caterers must provide for all catering needs associated with the event. Catering/Group must provide current certificate of insurance with liability, auto, and workman's comp prior to the event.

Name of Catering Company \_\_\_\_\_ Phone \_\_\_\_\_
  
Contact Person \_\_\_\_\_ Date & Time of Delivery \_\_\_\_\_
  
Menu Selection \_\_\_\_\_

**BROWN BAG**

All Brown Bag requests must be submitted to Student Services *prior* to Event Services.

Description of topic being presented: \_\_\_\_\_

Speaker/Organization Name: \_\_\_\_\_

Faculty Advisor: \_\_\_\_\_

BB Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor for Student Activities