Event Services Request Form

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

RESERVATION INFORMATION

Activity Name ___________________________ Number Attending ________

Location Requested ___________________________ Event Times: Start ________ End ________

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.

Faculty Advisor: __________________________________________________________

Faculty Advisor’s Signature __________________ Print Faculty Advisor’s Name __________________

Event Budget: $ ___________ Budget Mgr/Dept Head: __________________________

Signature __________________ Print Name __________________

Room Arrangement #: ____________________(attach room diagram OR see 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 reservation

STUDENT LIFE APPROVAL

Speakers/Topics/Comments: ______________________________________________________

Date __________________

MEDIA PRODUCTION APPROVAL

Data Projector ______ PA System ______ Audio Recording ______ Video Recording ______

Comments ______________________________________________________

Date __________________

Note: Any type of Media Production (x5340) requires approval prior to submission to Event Services. For classroom technology issues call Information Technology (x5230)

Will there be food at this event? NO If not, you’re done! Submit this page to eventservices@dts.edu

YES continue to 2nd page
### PLACE SETTINGS
(Indicate quantities)
- **Styrofoam cups**: 8 oz □ 12
- **12 oz Plastic cups**: □ 12
- **Plastic Plates**: □ 6” □ 9”
- **Styrofoam Plates**: □ 6” □ 9”
- **Dinner Napkins**
- **Beverage Napkins**
- **Clear Plastic Ware**
- **White Plastic Ware**

### CATERING EQUIPMENT
(Indicate quantities)
- **Coffee condiments (cream/sugar/stir sticks)**
- **55-cup Coffee Urn**
- **12- cup Coffee Shuttles**
- **Hot Water Urn**
- **Hot tea selection**
- **Ice bucket w/scoop**
- **Water Bottles**
- **Assorted Sodas**
- **Cambro Drink Dispenser**
- **Glass Drink Dispenser (if available)**
- **Plastic Pitcher**

### LINENS
Table Cloths (white) (Indicate quantities)
- **Rectangle**
- **Square**

### DTS CATERING FOOD & BEVERAGE SELECTIONS
(Please indicate what you would like for food/drink and quantity)

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### NON-DTS CATERER INFORMATION
(Must be approved by Events Services prior to ordering)

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