



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 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)
 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: E5 E4 NI
Note: Minimum of 20 spaces required for parking reservation

MEDIA SUPPORT Data Projector PA System Audio Recording Approval _____

Comments _____ Date _____

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

MEDIA PRODUCTION Video Recording Approval _____

Purpose of Recording _____ Date _____

Will there be food at this event? NO If not, you're done! Submit this page to mansted@dts.edu
 YES Continue to 2nd 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

_____ Full Corelle Place Setting (Requires Event Services approval _____)

Note: Dishwashing fee will be applied when invoiced.

CATERING EQUIPMENT (Indicate quantities)

_____ Coffee/tea condiments _____ Ice bucket w/scoop
_____ 55-cup Coffee Urn _____ Waters _____ Sodas
_____ Hot Water Carafe/Urn _____ 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 Paper (white) _____ Table Skirting (red)
_____ Square
_____ Rectangle

DTS CATERING FOOD & BEVERAGE SELECTIONS AND SPECIAL INSTRUCTIONS

NON-DTS CATERER INFORMATION

Note: 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