

FALL 2003

STUDENT FACILITIES REQUEST FORM

Scheduling Office, Campus Center 209 Ph 221-3272 Fax 221-3451

Book
 Computer

PLEASE FILL IN ALL BLANKS

Contact Person(s) Will Coggin Today's Date 10/30/03

Name of Organization Sons of Liberty

Phone # [redacted] Phone # during summer or winter break [redacted]

CS Box (Address) [redacted] E-Mail Address [redacted]

Name of Event Sons of Liberty Bake Sale

Description of Event Bake Sale

Is your event open to the campus? Yes No

Date(s) of Event Nov 8, 2003 Day(s) of Week Saturday Aprox# of Attendees ? anyone possible by

Set-Up Time 15 min Clean-Up Time 15 min Start Time 10 am End Time 6 pm

ROOM / LOCATION Lobby UC main area (indicates, by entrance to eating area)
(Provide alternatives)

We want this spot; thus instead of changing the location, we'd rather change the date.

ABC License - see Linda Williams in Student Activities Nov 7, 14, 15, 21, or 22 all are ok.

Outside Facilities - Complete the blue description event form & attach to this form; contact Linda Williams for set-up needs

- | | | |
|-------------------------------|--|---|
| <input type="checkbox"/> DJ | <input type="checkbox"/> Alcohol served | <input type="checkbox"/> Food Served |
| <input type="checkbox"/> Band | <input type="checkbox"/> Admission charge | <input type="checkbox"/> W & M Catering |
| Name of DJ/Band _____ | <input type="checkbox"/> Anything being sold | |

SET UP NEEDS

(UNIVERSITY CENTER / CAMPUS CENTER ONLY)

If possible, please indicate set up at this time - If uncertain, please contact Rich Thompson at 221-3432 at least 7 days prior to your event.
See back for diagrams

- | | |
|--|--|
| <input type="checkbox"/> Chairs in Circle (No Table) | <input checked="" type="checkbox"/> Chairs # <u>4</u> |
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Easel |
| <input type="checkbox"/> Conference | <input type="checkbox"/> Flip Chart |
| <input type="checkbox"/> Reception (Tables & Chairs along wall) | <input type="checkbox"/> Head Table Chairs # _____ |
| <input type="checkbox"/> Round Tables w/ Chairs | <input type="checkbox"/> Marker Board |
| <input type="checkbox"/> Theatre (Rows of Chairs) | <input type="checkbox"/> Stand up Podium |
| <input type="checkbox"/> U-Shape | <input type="checkbox"/> Round Tables # _____ |
| <input type="checkbox"/> Other _____ | <input checked="" type="checkbox"/> 6' Tables # <u>2</u> |
| | <input type="checkbox"/> Other _____ |

AV NEEDS

Order at least 5 days prior to your event at:
(UNIVERSITY/CAMPUS CENTERS)
www.wm.edu/OSA/centers/EventsSchd-Robin.htm

(ALL OTHER AV)
www.wm.edu/OSA/centers/EventSchd-Jeff.htm

****PLEASE NOTE****
THE ABOVE WEB ADDRESSES
WILL ALSO APPEAR ON YOUR
CONFIRMATION FORM.

Is your event a fundraiser? YES NO Are you selling items? YES NO What? Baked goods

Organization for which money is being raised (if different from above) _____