



EVENT/ACTIVITY RESERVATION REQUEST FORM

Event Information

Event Name: _____

Event Date: _____ Event Time: _____

Arrival Time: _____ Departure Time: _____

Estimated Number of Guests: _____

Event to be set up by: Date: _____ Time: _____

Please give a detailed description of the event:

Contact Information

Contact Person: _____

Sponsoring Organization/Department: _____

Email: _____ Telephone: _____

Desired Space

BB&T Bellemonte House Board of Trustees* Chapel Classroom

Dunn Hartness GTC Grounds Library Taylor Center

*BOT can't change setup (Boardroom setup only) 14 per table and 16 chairs around room

Desired room in that space: _____

Set-Up

Set-Up Requirements and Room Configuration:

Classroom (tables, chairs)

Theater Style (chairs)

Boardroom (Chairs around rectangular table)

Other: Give a brief description

Tech Requirements (Check equipment & enter # needed if applicable)

Sound System (Requires Sound Technician): Number of inputs required _____

Podium

Microphone(s): Handheld _____ Wired _____ Lapel _____

Laptop HDMI Port VGA Port Audio Aux Input

Video

Projector/Screen

Monitor(s) # _____

Instrument(s): Type _____ DI Required? _____

Spotlight (Requires spotlight technician)

Lighting (requires lighting technician):

General

Custom (Light plot must be turned in 2 weeks prior)

Additional Equipment Required (Give a brief Description)

Catering

Description of the type of catering needs:

Security

Description of the type of security needs:

Additional Information

Please share any additional information about the event or needs:

Requests are not officially reserved until a confirmation is generated from Kimla Brandt and is received by the Event Requestor.

I, the undersigned, understand that I am responsible for the planning of this event/activity and I acknowledge that this form serves to ensure all logistical aspects.

Signature: _____ Date: _____

Please submit form to:

Kimla Brandt

NCWU Event Coordinator and Summer Camp Director

Kbrandt@ncwc.edu/252-985-5348