Facilities Request Form

Company/Organization Name: ____________________________________________________________

Contact Name: ___________________________ Phone Number: ___________________________

Address: __________________________________________________________________________

Email Address: ______________________________________________________________________

Is your organization a nonprofit: __________________ Is your organization a for-profit: __________

Event Date(s): _____________________________________________________________________

Arrival Time: _______ Event Start Time: _______ Event End Time: _______ Departure Time: ______

Facilities Requested:

- Edward Nash Theatre
- Welpe Theatre
- Dressing Rooms
- Grand Conference Rooms
- ATCC 101
- ATCC 102
- ATCC Computer Lab
- Atrium
- Classroom(s)

If more than one classroom/conference room is requested, please indicate how many needed: ________

Type of Event: (e.g. meeting, luncheon, performance, etc.): _______________________________________

Number of Attendees: __________________________________________________________________

Room Setup Requirements: __________________________________________________________________

Audio Visual Requirements: __________________________________________________________________

Will you need: □ Food Service □ Snack Concession

Will you have: □ Programs □ Artists concessions (t-shirts, CDs, etc.)

Signature: ___________________________ Date: ___________________________

(person completing this form)

Please complete and return to:
Theatre and Conference Services
Phone: 908-526-1200 x8267 Email: rentals@raritanval.edu