



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 Welpel 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