



## Facilities Request Form

Company/Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Is your Organization a Non – Profit \_\_\_\_\_ Is your Organization a For Profit \_\_\_\_\_

Event Date(s): \_\_\_\_\_ Event Start and End Times \_\_\_\_\_

*Please complete for Theater Events Only:*

Event Day Setup Time: \_\_\_\_\_ Dinner Start and End Times: \_\_\_\_\_

Rehearsal Date: \_\_\_\_\_ Rehearsal Start and End Times: \_\_\_\_\_

Facilities Requested:  Edward Nash Theatre (seating 984)  Welpo Theatre  Dressing Rooms  Classroom(s)  
 Atrium  Grand Conference Rooms  Computer Lab  Conference Room 101  
 Conference Room 102  Cafeteria (for Reception/Dinner)

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

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

Number of Attendees: \_\_\_\_\_

Room Setup Requirement: \_\_\_\_\_

Audio Visual Requirements: \_\_\_\_\_

Contact Person for AV Requirements: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person for event: \_\_\_\_\_ Phone: \_\_\_\_\_

Will you need: (check where applicable)  Food & Beverage  Coatroom  Snack Concession

Will you have: (check where applicable)  Programs  Artist's concession (tee shirts, records, etc).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Person completing this form)*

**Please complete and return:**

Karen A. Vaughan, Director of Conference Services.

**Fax:** 908-253-6696 OR **Email:** [Karen.Vaughan@RaritanVal.edu](mailto:Karen.Vaughan@RaritanVal.edu)

**Questions:** contact Karen A. Vaughan, 908-231-8818