



Facilities Request Form

Company/Organization Name: _____

Contact Name: _____ Phone Number: _____

Address: _____

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

Signature: _____ Date: _____

(Person completing this form)

Please complete and return:

Jill Erwin, Director of Theatre and Conference Services

Email: jill.erwin@raritanval.edu

Questions: contact Jill Erwin, 908-526-1200 x8801