COPPIN STATE UNIVERSITY
FACILITY RESERVATION REQUEST

PLEASE TYPE OR PRINT IN INK. Return the completed form to Coppin State University Office of Events and Conference Services. Reservations are accepted and approved on a first come, first serve basis. Minimum time of review is 4 weeks prior to the date the requestor wish to use the facility.

Name & Title: _____
Business/Organization Name (If applicable): _____
Federal Tax ID # or Social Security # **(REQUIRED)**: _____
Address: _____
Phone: _____ Fax: _____ Email: _____
Would you like to receive event information and discounts via email (circle or underline)? Yes No
Authorized Representative or Sponsor at the Event: _____
Nature/Purpose of Event: _____

_____

_____

Venue(s) Requested:

Talon Center

- ☐ Second Floor Atrium
- ☐ Conference Room 210
- ☐ Conference Room 218
- ☐ Dining Hall (Lower Level)
- ☐ First Floor Foyer
- ☐ Café (Upper Level)

Parlett Moore Library

- ☐ Parren J. Mitchell Conference Room

Lillian Perrin Promenade

- ☐ Quad

Grace Jacobs Office Classroom Building

- ☐ Lobby
- ☐ Classroom

James Weldon Johnson Auditorium Building

- ☐ James Weldon Johnson Auditorium
- ☐ Ticket Booth
- ☐ Dressing Room
- ☐ Classrooms

J. Millard Tawes University Center

- ☐ Fireside
- ☐ Executive Conference Room
- ☐ Lobby
- ☐ Ballroom

Physical Education Complex(Circle one)

- ☐ Arena
- ☐ Auxiliary Gym
- ☐ Concourse (inside or outside)
- ☐ VIP Suite (President or Alumni)
- ☐ Ticket Booth
- ☐ Media Room or Conference Room
- ☐ Track & Field
- ☐ Softball Field
- ☐ Tennis Courts
- ☐ Pool
- ☐ Lifeguard
- ☐ Multipurpose Gym
- ☐ Classroom or Computer Lab
- ☐ Racquetball Court
- ☐ Dance Studio

BILLING INFORMATION (If different from information above.)
Name: _____
Address: _____
Phone: _____ Fax: _____ E-mail: _____

Charges will be assessed for services according to rates set by the venue. To ensure the success of your event, please complete this form to the fullest extent possible. If additions, deletions, or changes become necessary, please immediately contact the Office of Events and Conference Services at 410-951-3571.

Have you or your organization previously used Coppin State University facilities in the past?

Estimated Attendance: _____ Audience Type: _____
General Admission: _____ Reserved: _____

Ticket Price(s): Public: $ _____ Student: $ _____
Seniors: $ _____ Children: $ _____

Intermission(s) Yes _____ No _____ Length of Intermission _____ minutes

FOOD SERVICE CONTACT: Thompson Hospitality at 240-216-5428 or (410) 951-1232

EVENT INFORMATION

	Date(s)	**Start Time**	**End Time**
Event	_____	_____	_____
Set-up/Load In	_____	_____	_____

	Date	Start Time	End Time
Performance	_____	_____	_____
Set-up/Load In	_____	_____	_____
Rehearsal	_____	_____	_____
Break-down/Load Out	_____	_____	_____
Additional Rehearsal	_____	_____	_____

EQUIPMENT NEEDS: (CSU will supply general lighting and sound)

ITEM	**YES**	**NO**	**QTY**	**ITEM**	**YES**	**NO**	**QTY**
Chairs with arms	_____	_____	_____	Laptop	_____	_____	_____
Chairs without arms	_____	_____	_____	Lighting	_____	_____	_____
Microphones	_____	_____	_____	Specific Lighting *	_____	_____	_____
Podium	_____	_____	_____	Sound Equipment *	_____	_____	_____
Tables - Small Round	_____	_____	_____	Dance Floor (18'x12')	_____	_____	_____
Tables – Large Round	_____	_____	_____	Stage	_____	_____	_____
Tables – rectangle	_____	_____	_____	Projection Screen	_____	_____	_____
Tables – cocktail	_____	_____	_____	Pipe & Drape	_____	_____	_____
Projector	_____	_____	_____	Parking spaces	_____	_____	_____

*** Must be acquired by applicant**.

Please attach a detailed description of specific lighting/sound requirements and an accurate proposal from the company that you intend to use.

In the space provided below please give a detailed description of the type of event you wish to host at Coppin State University for example entertainment: (band/DJ); method(s) of advertising: (radio, TV, flyer, posters).

_____
_____
_____
_____
_____
_____
_____
_____
_____

IT IS SUGGESTED THAT APPLICANTS PROVIDE AGENCY OR PERSONAL TELEPHONE NUMBERS TO MEDIA AND/OR OTHER ADVERTISING COMPANIES FOR CONTACT PURPOSES. CSU WILL NOT AND CANNOT BE RESPONSIBLE FOR PROVIDING INFORMATION RELATED TO THE EVENT(S).

Signature: _____ Date: _____

Printed Name: _____

INTERNAL USE ONLY				
Staff Assigned	**Quantity**	**Total Hours**	**Initial**	**Comments**
Auditorium Technician				
Campus Police				
Facilities				
Security Officer				
Housekeeper				
Other:				