



COPPIN STATE UNIVERSITY

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www.coppin.edu/studentactivities

DIVISION OF STUDENT AFFAIRS—OFFICE OF STUDENT ACTIVITIES

EVENT REQUEST FORM

Request must be submitted to the OSA at least 30 days in advance! All catered events must use Thompson's Hospitality, unless a waiver is provided. University policy prohibits students from signing contracts. Request responses will be emailed to the contact person(s) listed below.

Club/Organization: _____ Requested Date: _____

Desired Location: 1st Choice: _____ 2nd Choice: _____

Set-Up Time: _____ Start Time: _____ End Time: _____ Clean Up Time: _____

Event Title: _____ Expected Attendance: _____

Event Description: _____

Type of Entertainment (circle one): Band DJ Performing Artist Speaker Other

Will an admission be charged for this event? If yes, how much? _____

Does your event have decorations? If so, will you need a ladder, supplies, etc? Y N

Will your event need amplified sound? Y N

Does your event require special parking? Y N

Does your event need special technology requirements? Y N

(i.e. outdoor power, microphones, PA system, projector, etc)

Set Up Request:

____ Number of Tables _____ Number of Chairs _____ Podium

____ Room Cleared (empty) _____ Auditorium Style _____ U-Shaped _____ Classroom

____ Other (please describe) _____

Audio/Visual Needs:

____ Microphone _____ Laptop _____ Projector & Screen _____ Sound System & Speakers

Some events may require additional services that will be the financial responsibility of the sponsoring club/organization. Submitting this form indicates your club/organization accepts all financial responsibility, has reviewed, understands and agrees to adhere to all policies. ALL ROOMS MUST BE RETURNED TO ORIGINAL SET-UP AFTER THE EVENT. Failure to adhere will result in your club/organization not being able to reserve this space for future events.

Club/Organization Rep (Please Print): _____ Date: _____

Student Rep Signature: _____ Email: _____@student.coppin.edu

Advisor Signature: _____ Email: _____@coppin.edu

Student Rep Phone: _____ Advisor Phone: _____

FOR OFFICE USE ONLY

APPROVED DENIED

Housekeeping YES NO

Police Officers YES NO

OSA Staff Signature: _____

Date: _____