## EVENT DETAILS

**EVENT NAME:** __________________________________________________________

**DATE(S) OF EVENT:**  
1.  
2.  
3.  
4.  
5.  

**SET-UP START TIME** (if applicable):  
1.  
2.  
3.  
4.  
5.  

**EVENT START TIME:**  
1.  
2.  
3.  
4.  
5.  

**EVENT END TIME:**  
1.  
2.  
3.  
4.  
5.  

**CLEAN-UP END TIME** (if applicable):  
1.  
2.  
3.  
4.  
5.  

### FACILITY REQUESTING:

<table>
<thead>
<tr>
<th>Indoor Facilities</th>
<th>Outdoor Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Gym: ____</td>
<td>Soccer Field: ____</td>
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<tr>
<td>Main Lobby: ____</td>
<td></td>
</tr>
<tr>
<td>Skybox: ____</td>
<td></td>
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<tr>
<td>½ Main Gym: ____</td>
<td>Softball Field: ____</td>
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<tr>
<td>Dance/Flex Room: ____</td>
<td></td>
</tr>
<tr>
<td>Ref Accommodation: ____</td>
<td></td>
</tr>
<tr>
<td>Auxiliary Gym: ____</td>
<td>Entire Facility: ____</td>
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<tr>
<td>Meeting Room: ____</td>
<td></td>
</tr>
<tr>
<td>Locker Rooms: ____</td>
<td></td>
</tr>
</tbody>
</table>

### ADDITIONAL EQUIPMENT REQUEST:

- **Stage/Platforms:** ____
- **Tables:** ____
- **Rec Equip:** ____
- **Table Top Scoreboard:** ____
- **Fence/Partitions:** ____
- **Chairs:** ____
- **Score Tables:** ____
- **Team Benches:** ____
- **Concession Stand:** ____
- **Sound System:** ____
- **Bleachers:** ____
- **Pop-up Tents:** ____
- **Ticket Counter:** ____
- **Score Board:** ____
- **Coolers:** ____
- **Water/Ice:** ____

### GROUP DETAILS

**ORGANIZATION NAME:** __________________________________________________________

**ORGANIZATION ADDRESS:**  
__________________________________________________________________________

__________________________________________________________________________

**CONTACT:** __________________________  **CONTACT PHONE NUMBER:** __________________________

**CONTACT EMAIL:** __________________________

**AFFILIATION:**  
- Student: ____
- Faculty Member: ____
- Staff Member: ____
- External: ____

### PLEASE NOTE:

- **ALL REQUESTS MUST BE SUBMITTED** at least two weeks in advance of the date requested (one month for special events)
- **ALL REQUESTS MUST BE SUBMITTED** by an officer of a registered club, organization, department, or alumni group
- **RESERVATIONS WILL NOT BE REVIEWED** for the fall semester before July 1st; for the spring semester before December 1st; and for the summer session before March 1st.
**EVENT:**

Are guests internal or external to Rutgers? _____  Is the event open to the general public? __ YES __ NO  
Estimated number of participants: _______  Estimated number of spectators: _______

Are you charging admission for this event? __ YES __ NO  
During what hours will cash be present at your event (for admission, vendors, or sales)?  
START: _____ END: _______  OR  _____ No cash will be present

Are you using a Band/DJ? __ YES __ NO  Will you make announcements throughout your event? __ YES __ NO  
Would you like an electronic sign placed along Cooper St to welcome your guests? __ YES __ NO  
- Requested text: ______________________________

Will your group need a shuttle for transportation? __ YES __ NO  
Would you like this event to be considered for display on the campus calendar? __ YES __ NO  
- [www.ems.camden.rutgers.edu/calendar](http://www.ems.camden.rutgers.edu/calendar)  
- Please provide a detailed description of event to be posted on the campus calendar
- ______________________________

**FOOD SERVICE/CATERING:**

I ___ would/ ___ would not like to request food service  
Estimated Service Time: _______

Type of Service: __________  Example: Continental Breakfast, Lunch, Beverage Service, Reception, Buffet  
Catering Provider: __________  Example: Rutgers Dining, Slice of NY, Friends Café, etc....

Rutgers Dining Catering Menu: [HTTP://EVENTS.CAMDEN.RUTGERS.EDU/CATERING-INFORMATION](http://HTTP://EVENTS.CAMDEN.RUTGERS.EDU/CATERING-INFORMATION)

Is alcohol being served? __ YES __ NO

**PARKING & SECURITY:**

*Monday-Friday: Parking Fee is $2 per vehicle  
*Friday evening - Sunday evening: event related parking on campus is free

I ___ would/ ___ would not like to purchase parking permits  
Anticipated number of cars _______

I ___ do/ ___ do not expect my guest(s) to need handicap accessible parking; # of passes _______

**SECURITY:**

*The Rutgers University Police will determine the amount of security needed. RUPD has final jurisdiction over the extent and type of police coverage required. If RUPD determines a need for police coverage, it will be provided at your cost.*

**BILLING:**

Method of Payment:  Credit Card: _____  Check: _____  Cash: _____  Rutgers IPO: _____

**SCOPE OF EVENT/ SPECIAL REQUESTS**

________________________
________________________
________________________
________________________
________________________
________________________
________________________

**Please email this completed form to reserve@camden.rutgers.edu or fax to (856) 225-6196. Feel free to contact us at (856) 225-6162 with any questions you may have concerning your event.**