

Vendor Table/Bake Sale Request Form

Today's Date: _____

Event Details

Event Name: _____
Vendor Table ___ or Student Bake Sale ___
Desired Date: _____
• If date is flexible, include 3 alternate dates: _____
Event Time:
• Free Period ___ ; or Start Time: ___ & End Time: ___
Would you like this event to be considered for display on the Campus Calendar? __yes__ no
• www.ems.camden.rutgers.edu/calendar
• Please provide a detailed description of event to be posted on the campus calendar
○

Group Details

Group Name / Rutgers Department _____
Mailing Address: _____
Contact Name: _____
Contact Phone #: _____
Contact Email Address: _____
I ___ am / ___ am not affiliated with Rutgers University
• I am a ___ Student; ___ Staff/Faculty Member

Parking

*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
Number of cars _____

Billing

Method of Payment: ___ Student Group; ___ Rutgers IPO; ___ Credit Card; ___ Check; or ___ Cash

Any Additional Information or 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.