

Request for Use of Facilities by Stockton Sponsor

Office of Event Services and Campus Center Operations, CC Suite 241 (609) 652-4878 / www.stockton.edu/eventservices

Please submit to event.services@stockton.edu

()ffice/()rganization:		Today's Date:	
Phone:		Name of Requestor: E-Mail:	
		onsider setup and transition time needed f	
	Down Called Wards		
		Additional Dates:	
Doors Open or Registration T Space Requested: (1st prefrer	ime (if different than Event Start Tinnce):	ampm Setup time: (hours/ ne):ampm	·
External Vendors Contracted	: (DJ. sound, performer, rentals):		
Expected Attendance: Web Calendar Description: Audience:Students	Admission Fee: \$ Office/Division SU Communit	Ticket sales*:/ PRIVATE - D y Public Minors Expected (I nts may require PAC ticketing/Box Office so	AdvancedAt Door DO NOT Post to the web Keyword: POM for procedures
	STANDARD LAYOUT (Classrooms/mo		
SETUP NEEDED:# Registra	ation tables (2 chairs per table):		
# Registra # Tables f # Tables f Catering Expected (Chart BBQ (Fire permit required Stockton EMS Medial St	ation tables (2 chairs per table): for guests: / # Guest Chairs: for Panel Speakers: wells is the contracted food provider: d, Keyword Fire Permit)	# Buffet tables: # Food prep tables: # Chairs for Panel Speakers: (609) 652-4772 / catering@stockton.edu)	# Easels