SPACE REQUEST FORM - COLLINS LIVING-LEARNING CENTER

TO BE CONSIDERED, THE FRONT OF THIS FORM MUST BE COMPLETED IN FULL AND APPROVED BY THE COLLINS COMMUNITY COUNCIL AT LEAST 7 DAYS PRIOR TO THE EVENT DATE.

Please plan to attend the Community Council meeting at which your request will be reviewed. If you cannot attend, please attach a complete description of your event.

1. Title and Sponsorship

Title of Event: __________________________
Today’s Date: __________________________
Estimated Attendance: __________________
Sponsoring Organization: __________________
Person Responsible: ____________________
Phone: __________ Email: ______________

If not a Collin Group/Resident:
Advisor’s Name: ________________________
Advisor’s Email: ________________________
Collins Resident: * ____________________

*Required for off-campus orgs

2. My Event is on:

Date(s): __________________________
Day(s) of the week: __________________
My Event begins at: _______ __am __pm
My Event ends at: _______ __am __pm
Set-up starts at: _______ __am __pm
Clean-up finished by: _______ __am __pm

3. Location Request (indicate 1st and 2nd choice):

Large
___Coffeehouse*
___Edmondson Formal Lounge
___Edmondson Basement Classroom
___Courtyard*
___Dining Hall* (SPECIAL REQUEST)

Medium
___Cravens B Classroom
___Cravens C Classroom
___Collins Cinema
___Collins Library (SPECIAL REQUEST)
___Clubhouse space: __________________

Small
___Conference Room
___Table outside of the Dining Hall*
___Annex lounge area
___Other: __________________________

*Public events must take place in one of these accessible spaces

4. Type of Event:

___ meeting/discussion group
___ performance
___ film showing
___ class/workshop/lecture
___ recreation
___ tabling
___ Other: __________________________

5. Brief Explanation of Event:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

6. Additional Requests:

Admission fees may not be charged for any event taking place at Collins. Donations cannot be required for entry.

___ I wish to collect non-monetary donations, such as:

___ I am going to use decorations, such as:

___ I would like to chalk in the Collins Courtyard. Note: Chalking is allowed only on cement walkways. No chalking within 10 feet of any building, on limestone, or anywhere on the steps or veranda.

I would like to hang a banner in the Edmondson Lobby ___ for 24 hours (for official Collins events only) on this date:

___ I would like to create and place ads in table spinners in the Dining Hall for up to seven days (Sunday-Saturday, indicate dates here; attach sample ad with this request):

Special Equipment: Fill out an Event Tech Request Form if you need any of the following: DVD/Blu-Ray Player, projector, screen, lighting, sound equipment, or access to the built-in projector & screen in the Coffeehouse AND you are not requesting the Clubhouse Cinema.

Film Screening Request: Please submit this form a month in advance so that we may purchase the rights to publicly screen the film. You must include the film title on this form.

My signature:

________________________________________________________________________

Signature indicates knowledge of and an agreement to comply with Residence Hall and University policies and procedures as well as with state laws. Room/space must be tidy and all furniture must be returned to its original position when your event is over. If the Collins custodial staff needs to clean up or move furniture back, you may be charged a fee.
FOR USE OF COUNCIL CHAIR:

CC Chair comments, changes, restrictions, or reason for denial of request:

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Approved by
Signature:_________________________ Date:____________________

RESIDENCE
MANAGER NOTES:

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________