



Prairie View A&M University

Prairie View, Texas

Student Activities and Leadership

Request to Schedule an Event/Program/Sales/Solicitation

Submit completed forms to the Office of Student Activities & Leadership

Section A (Organization Information) *please TYPE*

| | |
|--------------------------------|--------------------------------|
| Name of Organization: _____ | Advisor of Organization: _____ |
| Organization Presidents: _____ | Telephone Number: _____ |
| Phone Number: _____ | Advisor Email: _____ |
| Email Address: _____ | Campus Address: _____ |

Section B (Event Information) *please TYPE*

| | |
|-----------------------------------|---|
| Date of Event: _____ | Facility Requested: _____ |
| Event Name: _____ | Special Items |
| Event Type: _____ | Expected Attendance: _____ |
| Setup Time: From: _____ | Tickets/Entry Fee: Yes No |
| Event Time: From: _____ To: _____ | Serving Food: Yes No |
| Full Event Description: _____ | <i>If Yes: Contact Sodexo Campus Services</i> |
| _____ | (936) 261 - 1766 |
| _____ | Tax ID: _____ |
| | <i>(For solicitation/sales only)</i> |

This form **MUST** be submitted **five (5) business days** (or earlier) prior to the date of the event, program, or activity.

Alcoholic beverages/drugs may not be served or consumed at the event, program, or activity. Persons requiring accommodations because of a disability may contact (936) 261-3585. ***"For special assistance with disabilities, dial extension 3585" MUST appear on all flyers, handbills, and posters.***

Cancellation of this event requires written notification to the Office of Student Activities and Leadership at least 48 hours in advance. Charges and fees may still apply depending on services requested.

By signing this form, I recognize that it is a privilege to be able to hold this event/program/activity at Prairie View A&M University. I must adhere to all University policies and procedures as well as ensure that this event/program/activity is consistent with the educational mission, goals, and objectives of this University. Should violations/complaints occur in relationship to this event/program/activity, I will seek to resolve the issue and/or represent the organization should the matter be directed to a University official.

Representative Signature Date

Advisor Signature Date

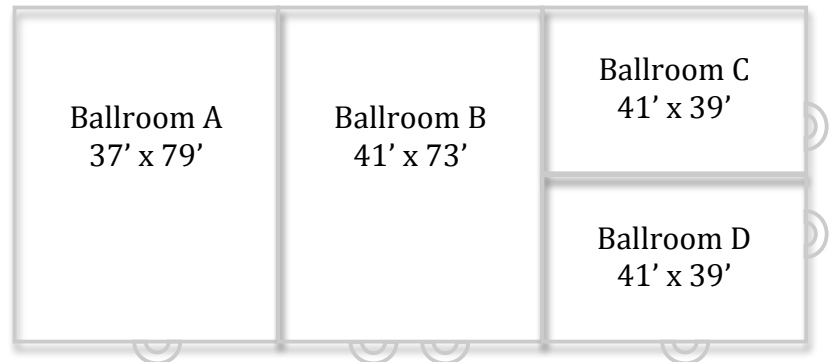
Section B (Official Use Only)

| Approved | Disapproved | Notifications <table><tr><th>DEPT</th><th>DATE</th></tr><tr><td>Utilities</td><td>_____</td></tr><tr><td>Facility Mgr</td><td>_____</td></tr><tr><td>EMS</td><td>_____</td></tr><tr><td>DPS</td><td>_____</td></tr><tr><td>Stud. Center</td><td>_____</td></tr><tr><td>Payment Due:</td><td>_____</td></tr></table> | DEPT | DATE | Utilities | _____ | Facility Mgr | _____ | EMS | _____ | DPS | _____ | Stud. Center | _____ | Payment Due: | _____ |
|--|--------------------|--|------|------|-----------|-------|--------------|-------|-----|-------|-----|-------|--------------|-------|--------------|-------|
| DEPT | DATE | | | | | | | | | | | | | | | |
| Utilities | _____ | | | | | | | | | | | | | | | |
| Facility Mgr | _____ | | | | | | | | | | | | | | | |
| EMS | _____ | | | | | | | | | | | | | | | |
| DPS | _____ | | | | | | | | | | | | | | | |
| Stud. Center | _____ | | | | | | | | | | | | | | | |
| Payment Due: | _____ | | | | | | | | | | | | | | | |
| Signature: _____ | Signature: _____ | | | | | | | | | | | | | | | |
| <i>Director: Student Activities & Leadership</i> | <i>Date</i> | | | | | | | | | | | | | | | |
| Signature: _____ | Signature: _____ | | | | | | | | | | | | | | | |
| <i>Security/Public Safety</i> | <i>Date</i> | | | | | | | | | | | | | | | |
| Signature: _____ | Signature: _____ | | | | | | | | | | | | | | | |
| <i>Scheduler</i> | <i>Date</i> | | | | | | | | | | | | | | | |
| Comments: _____ | | | | | | | | | | | | | | | | |

Prairie View A&M University
Willie A. Tempton, Sr. Memorial Student Center
Auxiliary Support Services
Facility Request Specification Form
This form MUST accompany Event Request form for all MSC facility requests

BALLROOM (MSC Rm 204)
(select the requested sections)

Whole Ballroom *(590 people)*
Section A *(150 people)*
Section B *(150 people)*
Section C *(70 people)*
Section D *(70 people)*



Setup and Technical Request *(check all that apply)*

Podium with microphone
Microphones with stands Quantity _____ (max 6)
72" Round Tables *(seats 10 each)* Quantity _____
24" x 72" Rectangular Tables Quantity _____
Chairs Quantity _____
Setup Fee for Tables and Chairs is \$100 *(please provide illustration of desired setup)*
Comments: _____
Setup Not Needed
Overhead Projector System *(located in Section A Only - inputs required)* - \$150 fee

AUDITORIUM (MSC Rm 111) *seats 980*
No FOOD or DRINK allowed

Setup and Technical Request *(check all that apply)*

Sound System *(aka house system – CD Player, Instrument, and Audio Inputs)* - \$150 fee
Podium with microphone
Lapel Microphone *(body mic)* Quantity _____ (max 2)
Wireless Microphone *(handheld)* Quantity _____ (max 2)
Corded Microphone *with stand* Quantity _____ (max 6)
Chairs Location: _____ Quantity _____
Tables Location: _____ Quantity _____

Conference Rooms *(tables, chairs, and projection screen in each room)*

Room 201 – 12 People
Room 202 - 8 People
Room 203 – 14 People *(dry-erase board, serving counter)*

Additional Information

Use of open flames (candles, etc) is strictly prohibited. (Environmental Health & Safety PVAMU)
For catering service inquiries, please contact Sodexo Campus Services PVAMU @ 936-281-1770