

Office Use Only

- Return for Approval
- Date Unavailable
- Room Unavailable
- Need Signatures
- Other

Student Activities and Fundraiser Request

Donald G. Bollinger Memorial Student Union
Nicholls State University

Name of Organization _____ Date _____

Name of Event _____ **Date(s) of Event** _____

Building _____ Room Choice _____ 2nd Choice _____

Contact Person _____ Phone _____ Email _____

Campus/Local Address _____ Campus Advisor _____ Phone _____

Type of Event Closed Event Open to the Public Fundraiser Other _____

Estimated Attendance: _____

Type of Reservation (check all that apply) Bake Sale Barbecue Conference Dance Meeting Raffle

Recurring Event? YES NO If YES, please list all event dates and attach to this form.

Reservation: Pre-Activity Time (Set-up/Decorating) _____ Post Activity Time (Clean up/Tear down) _____

Start Time _____ **Ending Time** _____ **Total Time** _____

Equipment (Indicate number) Tables: ___ 4ft. Round ___ 5ft. Round ___ 8ft. Long ___ 8ft. Conference/Narrow ___ 3.5 ft. Square

Head Table: No Yes Number at Head Table: ___ Wall Location: East West North South

Sound System ___ Full System ___ Portable ___ Lectern ___ Table Top **Audio Visual** ___ TV/VCR

___ Overhead Projector ___ Slide Projector ___ Power-point ___ Projector Cart ___ Easel ___ Flip Chart Stand

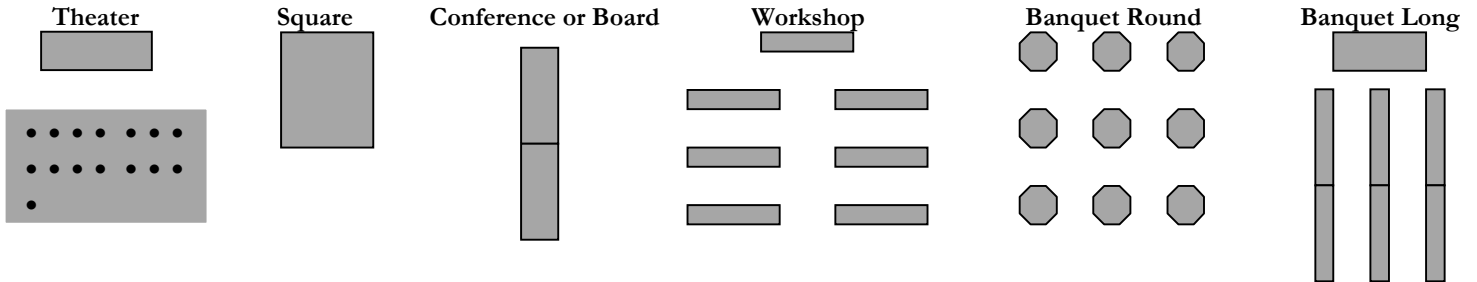
___ Dry Erase Board ___ Sign Stands NOTE: (Surround Sound Theater equipment is only available in LeBijou Theater)

Other Equipment ___ Lattice Panels ___ Gray Room Dividers ___ United States Flag ___ Louisiana Flag

FOOD Yes No Refreshments Breakfast Lunch Dinner Reception other _____

(This information is for Student Union benefit only. Food service arrangements should be made directly through Sodexo/Nicholls Dining Catering Services.)

Provide diagram (if necessary) or select from set-ups below.



Describe activity/event detail: _____

If this is a fundraising activity, please provide: Charge for admissions/entrance _____

Donations/list of potential donors: _____

Sale of goods or raffle method: _____

Funds will be used for what purpose? _____

Raffles ONLY: License No. _____ Prize(s) _____ Ticket No. _____

| | | | |
|--|---------------|--------------------------------|---------------|
| _____ Organization President or Representative | _____ Date | _____ Faculty/Staff Advisor | _____ Date |
| Approved by: | | | |
| _____ Student Life Officer | _____ Date | _____ Print Name | _____ Date |
| _____ Dean of Student Life | _____ Date | _____ Print Name | _____ Date |
| _____ Vice President for Institutional Advancement (Required for Fundraisers ONLY) | _____ Date | _____ Print Name | _____ Date |
| _____ Director of the Student Union/Campus Activities | _____ Date | _____ Print Name | _____ Date |

Bollinger Student Union Building Hours

Fall/Spring Semesters

8:00 am – 10:00 pm
Monday – Thursday

8:00 am – 6:00 pm
Friday

11:00 am – 4:00 pm
Saturday

5:00 pm – 9:00 pm
Sunday

Summer Sessions

8:00 am – 5:00 pm
Monday - Friday

CLOSED
Saturday and Sunday

**Events that extend past these times will incur overtime charges. Weekend events that have food or require set-up will also incur overtime charges.*

