



# Nicholls State University Event (Reservation) Request Form

Individuals needing ADA accommodations contact (985) 448-4783 or visit [www.nicholls.edu/ada](http://www.nicholls.edu/ada)

Name of Organization/Department: \_\_\_\_\_

Affiliation:  Campus Affiliate  Off-Campus Individual/Groups

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Event:  Meeting  Reception  Banquet/Luncheon  Fundraiser  Other \_\_\_\_\_

Name of Event: \_\_\_\_\_ Estimated Attendance: \_\_\_\_\_

1st Date Preference: \_\_\_\_\_ 2nd Date Preference: \_\_\_\_\_

Event Start Time: \_\_\_\_\_ Event End Time: \_\_\_\_\_ Set-up Time: \_\_\_\_\_ Clean-up Time: \_\_\_\_\_

Building: \_\_\_\_\_ 1st Room Choice \_\_\_\_\_ 2nd Room Choice: \_\_\_\_\_

Is the event open to the public?  Yes  Yes, by invitation only  No

Will food and/or beverage be served?  No  Yes\*\* Will alcohol be served?  No  Yes\*\*

\*\* Note: Arrangements must be made directly with Sodexo. Call Catering Director @ 985-448-4471

Please provide a brief description of food/beverage planned for the event: \_\_\_\_\_

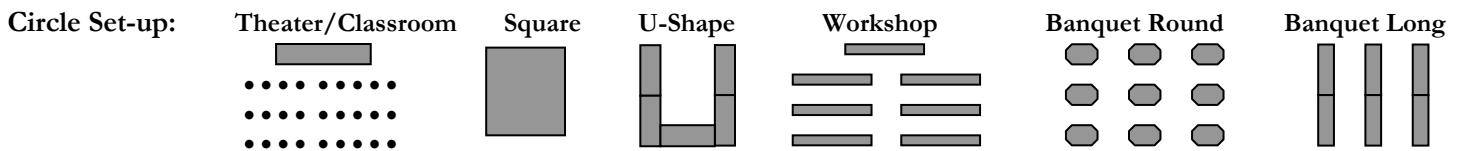
Event Description: \_\_\_\_\_

Has the event previously occurred on campus?  No  Yes, date: \_\_\_\_\_

Who is the target audience? \_\_\_\_\_

Is there another group or department co-sponsoring the event?  No  Yes, Name: \_\_\_\_\_

Please list set-up and audio visual needs: \_\_\_\_\_



Signature of Person Completing the Form: \_\_\_\_\_ Date: \_\_\_\_\_

Reservations Office Date Received Stamp: \_\_\_\_\_

- Please submit this form to the Reservations Office at least four weeks prior to the event date.
  - Email: [reservations@nicholls.edu](mailto:reservations@nicholls.edu), Phone: 985-448-4519, Fax: 985-449-7139
- Once your request is processed, you will receive an e-mail stating that the event is "CONFIRMED" which indicates that it is officially booked and you may begin advertising.