

# FUNCTION REQUEST FORM

To be submitted to the appropriate person **2 WEEKS PRIOR** to the event.

Contacts for lobby/room availability and Reservation Confirmation:

Terry Lee Covey; Phone # 271-7733, tcovey@ccsnh.edu

Day(s) of the week and Date(s) of Function (**M,T,W,TH,F,SA,SU** and **mm/dd/yyyy**):

Time (actual):

Time (including set up)

Where:

**Gymnasium and Capitol Commons Conference Room have special set up time restrictions**

**Date Function Request Form Filled Out:** \_\_\_\_\_ **Date TLC received:** \_\_\_\_\_

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**Function:** \_\_\_\_\_

**Name of Function Sponsor (Organization/Club/Department):** \_\_\_\_\_

**\*Contact Person:** \_\_\_\_\_ **Telephone#** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

*THE CONTACT PERSON IS RESPONSIBLE FOR THE FUNCTION. The contact information will be given out as necessary.*

**1. Please describe this function, outlining purpose, goal and expected costs incurred. (please be specific)**

Should this event be posted on NHTI's website? **N**

Will this event be open to the public? **N**

If Yes:

Is there an admission fee or donation expected? \_\_\_\_\_ If yes what is expected? \_\_\_\_\_

*\* All monies collected must be deposited within one business day after the event.*

**2. MAINTENANCE REQUEST** (tables, chairs, power strips, etc.) Any table setup plans should be described and diagramed below.

Day & Time Maintenance set up: \_\_\_\_\_

Signature: \_\_\_\_\_

**3. MEDIA SERVICES REQUESTS.  
CONTACT DIRECTLY AT  
LEAST 2 weeks prior at:  
nhtimediaservices@ccsnh.edu**

## REQUIRED SIGNATURES:

Organization Advisor \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Chief of Campus Safety (if required) \_\_\_\_\_

Director of Student Life : Chuck Lloyd

## FOR OFFICE USE ONLY:

**Reservation/Confirmation Signature:** Terry Lee Covey **Date Confirmed & sent:** \_\_\_\_\_

Additional Copies to: Campus Safety Media Services e mailed Maintenance, map of layout Athletics Chartwells DCE TLC

Christine Metcalf

Nat Haynes Landscaping Manager