

Setup Code:	Date/Time:
Applicant Name:	Location:

Office Use Only

Event Application



Name of Event: _____

Please print clearly. Only forms that are 100% complete will be reviewed for approval.
 You are encouraged to submit your event application a minimum of 2 weeks prior to the date of your event.
 Large events may require more than a few weeks notice in order to book an appropriate space.

Event Information	
Applicant Name:	Location of Event:
Date Requested: (DD/MM/YY):	Start time: End time:
Alternate Date: (DD/MM/YY):	Start time: End time:
Alternate Location:	Number of Participants:
Club Name:	
Trent Email:	Student Number (If Applicable):
Phone Number:	Set up time Start: Clean up time End:

Event Requirements (Check All That Apply)			
TV: <input type="checkbox"/>	Drapes <input type="checkbox"/>	Tables: <input type="checkbox"/>	#: <input type="text"/>
DVD: <input type="checkbox"/>	Linens: <input type="checkbox"/>	Chairs: <input type="checkbox"/>	#: <input type="text"/>
Laptop: <input type="checkbox"/>	Stages: <input type="checkbox"/>	Cleaning Required: <input type="checkbox"/>	
Projector: <input type="checkbox"/>	Couches: <input type="checkbox"/>	Security Required: <input type="checkbox"/>	
Speakers <input type="checkbox"/>	Cable TV: <input type="checkbox"/>	Power: <input type="checkbox"/>	
Microphones: <input type="checkbox"/>	Music: <input type="checkbox"/>	Internet: <input type="checkbox"/>	

Description of Event or Program/Special Instructions

*** Please note!*** Completing this form does not constitute booking a room. This form will need to be reviewed by Trent University Administration. **DO NOT** advertise your room location until you have received confirmation from the main office.

ROOM APPLICATION SUBMISSION AND APPROVAL

Submitted by: _____

Printed Name

Signature

Date (DD/MM/YYYY)