

UCF Rosen College of Hospitality Management
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 Orlando, FL 32819
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EVENT REQUEST FORM

Administration Use Only:

Date Received: _____ **Received by:** _____
Date Approved: _____ **Approved by:** _____

EVENT CONTACT INFORMATION

Client Name: _____ Contact Phone: _____
 Cell Phone: _____ Contact Email: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Billing Address (If different from above): _____ City: _____ State: _____ Zip: _____
 Class Name/Section (If applicable): _____
 Class Instructor (If applicable): _____

EVENT DETAILS

Event Name: _____
 Event Description: _____
 Preferred Event Date(s): _____ Alternate Date(s): _____
 Expected number of attendees: _____ Event Start Time: _____ Event End Time: _____

Event Type

Meeting	Reception	Class/Training/Seminar	Meal Function
Exhibition/Trade Show	General Session	Interview	Tabling/Registration/ Recruitment

Other/Additional: _____

Rooms/Area Requested

Disney Dining Room	The Courtyard Café	Beer & Wine Lab	Courtyard/Front Gates	Darden Auditorium
102R – CFHLA Executive Development	102 G	102 I	102 J	Hall of Fame

Classrooms/Other/Additional: _____

Audio/Visual: _____

CATERING

No Yes

Breakfast Lunch Break Dinner Reception Beverage Service

SAFE Form Initiated No or N/A Yes POC: _____

Requester (Print Name): _____

Signature: _____ **Date:** _____

Faculty Signature: _____ **Date:** _____