

UCF Rosen College of Hospitality Management
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EVENT REQUEST FORM

Administration Use Only:

Date Received: _____ **Received by:** _____
Caterease: _____ **Outlook Calendar:** _____ **Board:** _____

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 (mark all that apply)

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

Other/Additional: _____

Rooms/Area Requested (mark all that apply)

Disney Dining Room (cap.180)	The Courtyard Café (cap.130)	Beer & Wine Lab (cap. 50)	Darden Auditorium (cap. 400)	Hall of Fame Lobby
CFHLA Student Lounge	102R – CFHLA Executive BR (cap. 50)	Boardroom 102G (cap. 18)	Boardroom 102I (cap. 16)	Boardroom 102J (cap. 16)
Standard Classroom (cap. 45, 75 or 100)	Computer Lab (cap. 22)	Outer Courtyard	Inner Courtyard	Front Gates (Tabling)

Other/Additional: _____

Audio/Visual: _____

CATERING

No Yes Type: Breakfast Lunch Break- AM or PM Dinner Reception Beverage Service

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

Requester (Print Name): _____

Signature: _____ **Date:** _____

Faculty Signature: _____ **Date:** _____