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Facility/Activity Request

Campus Union, Station 39, 575-562-2631

Reservation #: _____

Today's date: _____

Submit this form to the Campus Union, ENMU Station 39, 1500 S. Ave. K, Portales, NM 88130 or fax to 575-562-4321.

Required Information (Complete all information.)

(Please print or type.)

Organization/department name: _____ University Non-University

Date of event: _____ Type of event (meeting, banquet, etc.): _____

Name of event: _____ Estimated attendance: _____

Time of event: _____ a.m./p.m. to _____ a.m./p.m. Client decoration time: _____ a.m./p.m. to _____ a.m./p.m.

Fundraiser for student organization? No Yes (If yes, please complete Solicitation Request Form.)

Is Sodexo Campus Services providing food and/or beverages for this event? No Yes (If yes, answer both questions below.)

Is this event catered? No Yes Going through the cafeteria line? No Yes (If yes to either, complete a Catering Request Form.)

Facilities Required

Second floor

- Ballroom
- Ballroom foyer
- Zia

Main floor

- Sandia (Smart classroom)
- Aztec
- Pecos
- Mesquite
- Table in lobby
- Whole lobby

Basement

- Laguna
- Navajo
- Zuni
- Ground Zero

Outside

- Dallan Sanders Patio
- South Patio
- Other: _____

Room set-up

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Theatre | <input type="checkbox"/> Banquet (8-foot tables) | <input type="checkbox"/> Round tables | <input type="checkbox"/> Open Square |
| <input type="checkbox"/> Closed square | <input type="checkbox"/> Conference | <input type="checkbox"/> U-shaped | <input type="checkbox"/> U-shaped plus chairs inside |
| <input type="checkbox"/> Cleared out | <input type="checkbox"/> As is | <input type="checkbox"/> To be determined | <input type="checkbox"/> Other (See attached diagram.) |

Additional equipment needed

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Room dividers | <input type="checkbox"/> Flip chart | <input type="checkbox"/> Podium | <input type="checkbox"/> Piano |
| <input type="checkbox"/> TV/VCR/DVD | <input type="checkbox"/> Dry erase board | <input type="checkbox"/> Podium with mic | <input type="checkbox"/> Sign-in table |
| <input type="checkbox"/> Overhead projector | <input type="checkbox"/> Easel | <input type="checkbox"/> Tabletop podium | <input type="checkbox"/> Extra tables: _____ |
| <input type="checkbox"/> Projection screen | <input type="checkbox"/> PA system | <input type="checkbox"/> COW | <input type="checkbox"/> Extra chairs: _____ |

Note: Smoking and use of alcoholic beverages are prohibited. Initial: _____ Date: _____

Requester Information (Please print or type.)

Requester's name: _____ Phone: _____

Requester's Address: _____

Student organizations must have advisor signature and advisor must be present for entire event.

Advisor's name: _____ Phone: _____

Advisor's signature (Required for student organizations): _____

Facility Rental Charge (If non-University sponsored event)

Deposit fee, half rental fee and security fee due at time of reservation.

	Amount	Due	Paid	Received by
Deposit fee (refundable based on condition of facility)	Due_____	Date_____	Date_____	Initial_____
Half of rental fee (non-refundable due at time of reservation)	Due_____	Date_____	Date_____	Initial_____
Half of rental fee (non-refundable two weeks prior to event)	Due_____	Date_____	Date_____	Initial_____
Security fee (refundable with minimum of 48 hours cancellation)	Due_____	Date_____	Date_____	Initial_____

Security needed: On-site number of officers _____ Close patrol requested

Note: A copy will be mailed to you when finalized. Changes in facility may be necessary at the discretion of the Campus Union staff due to event volume. Initial: _____ Date: _____

Signatures required for final approval

Campus Union secretary

Date

Campus Union director

Date