



CAMPUS ACTIVITY/EVENT REQUEST FORM
(FOR EVENTS WITH CATERING AND SET UP)

Campus Location Request: _____ Other: _____

Event Sponsor: _____

Contact Person(s): _____ E-mail: _____

Phone (Home): _____ (Office) _____ (Mobile) _____

Type of Activity/Event: _____

Date of Activity/Event: _____ Time Needed: _____

Campus Safety: (HT security service must be provided for all events) Number of attendees _____ (Do not leave blank)

Director of Campus Safety Signature: _____ Date: _____

Food Service: (Catering by Ala Carte Menu Services, Inc.)

Catering needed: [] Yes [] No (If yes, please call 512.505.3150 to make catering arrangements)

Linen: [] Yes [] No If, yes # _____ (Linen is provided at an extra charge through catering only)

Technology Services: (Services for HT personnel only and secured through HT) (Tech required for King-Seabrook Chapel)

Computer: [] Yes [] No (Requires checkout from the library)

Projector: [] Yes [] No (Requires checkout from the library)

Portable PA system: [] Yes [] No (Requires checkout from the library)

Media Services: (Services for HT personnel only and secured through HT)

[] Yes [] No (If yes, please continue)

No. microphones: [] 1 [] 2 [] 3 [] 4 [] 5 [] Standing [] On podium

Grand piano: [] Yes [] No (Only available in King-Seabrook Chapel)

Other equipment needed: _____ A/V scheduled: _____

Auditorium Only

Computer: [] Yes* [] No

Projector: [] Yes* [] No

ActivExpression [] Yes* [] No Qty. _____

ActivExpression is a device for audience survey responses.

[] One lapel microphone

*If yes, technician required from the IT Department. Call 512.505.3168

Facilities: (Attach diagram of set up)

Tables and number needed: [] Round/10 ft. [] Round/8 ft. [] 6 ft. [] 8 ft.

Chairs: [] Yes [] No If yes, number needed: _____ Type chair requested: [] Padded [] Unpadded

Housekeeping: [] Yes [] No (Required for some events at additional charge)

Catering Tables: [] Buffet (Four - 8-foot tables) [] Reception (Two - 8-foot tables) Other _____

Additional services or equipment required:

Description of special needs:

Requestor Signature: _____ Date: _____

Director of Campus Life & FYE Signature: _____ Date: _____

Athletic Director (Gymnasium/Athletic Field use only): _____ Date: _____

This is a request to reserve available resources and is not a binding agreement. Please submit your deposit with this request in order to secure your reservation. Please make checks payable to Huston-Tillotson University. To review procedures and download forms, check the web site at www.htu.edu. To check availability of a date or facility, contact Events Management at events@htu.edu or 512.505.6417. Final decisions will be made in writing. (Please note: All students must have a signature from the Director of Campus Life).