

# New Orleans Baptist Theological Seminary Facilities Department Event Assistance Request Form

1. ALL EVENTS MUST BE REGISTERED WITH THE CAMPUS CALENDAR PRIOR TO SUBMITTING THIS FORM. Contact the Providence Learning Center at ext. 8442 or email [campuscalendar@nobts.edu](mailto:campuscalendar@nobts.edu).
2. Complete and return this form to the Facilities Department located at 4600 Providence Place at least 10 business days prior to the event, but no more the 90 days before the event. This form may be emailed to [fixit@nobts.edu](mailto:fixit@nobts.edu) or faxed to 504-816-8582.
3. Please direct any questions to Tina Burns at ext. 8034 in the Facilities Department.
4. All food service must be arranged with Sheila Taylor in the Cafeteria, ext. 8025.
5. All media services must be arranged with Vanee Daure, ext. 8572.

## **EVENT INFORMATION**

Event Name: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

Beginning time of event: \_\_\_\_\_

Ending time of event: \_\_\_\_\_

Location of event: \_\_\_\_\_  
(Please be specific - include building name and room number)

Expected attendance: \_\_\_\_\_

Description of event: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

Contact Person (fullname): \_\_\_\_\_

Campus local phone #: \_\_\_\_\_

Cell phone#: \_\_\_\_\_

Emergency contact #: \_\_\_\_\_

Email address: \_\_\_\_\_

Account #: \_\_\_\_\_

(To be used only if unusual costs are incurred.)

**Facilities Set-Up**

Table setup and placement by: \_\_\_\_\_

Number of items needed:

Tables: \_\_\_\_\_ Chairs: \_\_\_\_\_

Garbage Receptacles: \_\_\_\_\_

Description/drawing of set-up: \_\_\_\_\_

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By submitting this form, the sponsoring organization/department assumes responsibility to insure that those in attendance comply with all seminary policies.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Event Approved? \_\_\_\_\_ yes \_\_\_\_\_ no

Approval granted by: \_\_\_\_\_

Additional signatures required: \_\_\_\_\_ yes \_\_\_\_\_ no

Assoc. VP or Facilities \_\_\_\_\_

Copies to HVAC and Janitorial Supervisor