

PLEASE PRINT:

EVENT NAME: _____

EVENT DATE: _____ EVENT TIME: _____

SET UP TIME: _____

CONTACT INFORMATION:

NAME _____ DEPT. _____ EXT. _____

CAMPUS QUAD

Fixed Layout A

___ 2 Tables/ 4 Chairs Each

*Circle in the area preferred.

___ 20 Tables/ 2 Chairs Each

___ 27 Tables/2 Chairs Each

Optional:

___ 4 Food Tables ___ 6 Food Tables

