

# MOUNT HOLYOKE COLLEGE ROOM RESERVATION/CALENDAR FORM

THIS FORM MUST BE RETURNED 13 BUSINESS DAYS PRIOR TO EVENT.

Return this completed form to Information Desk or 118 Blanchard Campus Center. Please press firmly to assure duplication on all copies.

RESERVATION ID #: \_\_\_\_\_ (Issued upon initial request- x2153)

## PUBLICITY

MHC WEEKLY CALENDAR  yes  no  
Deadline: No later than 3 PM Friday preceding publication.

FIVE COLLEGE MONTHLY CALENDAR  yes  no  
Deadline: 13th day of preceding month.

## EVENT INFORMATION

TITLE \_\_\_\_\_  
\_\_\_\_\_

DAY \_\_\_\_\_  
DATE \_\_\_\_\_  
LOCATION \_\_\_\_\_

### DESCRIPTION

Check Any That Apply

- |                                     |                                    |  |
|-------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Conference | <input type="checkbox"/> Meeting   | <input type="checkbox"/> Dance Performance   |
| <input type="checkbox"/> Film       | <input type="checkbox"/> Athletics | <input type="checkbox"/> Theater Performance |
| <input type="checkbox"/> Video      | <input type="checkbox"/> Music     | <input type="checkbox"/> Social Event/Party  |
| <input type="checkbox"/> Lecture    | <input type="checkbox"/> Rehearsal | <input type="checkbox"/> Other               |

TIMES (circle AM or PM)

Set Up \_\_\_\_\_ AM PM  
Doors Open \_\_\_\_\_ AM PM  
Event Start \_\_\_\_\_ AM PM  
End \_\_\_\_\_ AM PM

Speaker/Performer \_\_\_\_\_

If this event is a repeating simple reservation--space only and no other requirements (i.e. weekly meeting, same time and place), please note clearly in remarks section below.

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SPONSOR INFORMATION

Org/Dept \_\_\_\_\_

### OPEN TO

- |   |  |
|---|--|
| <input type="checkbox"/> MHC Community  | <input type="checkbox"/> 5-College Community |
| <input type="checkbox"/> General Public | <input type="checkbox"/> Participants Only   |

College Affiliation

- |  |  |
|--|--|
| <input type="checkbox"/> Faculty/Staff | <input type="checkbox"/> Student Organization                      |
| <input type="checkbox"/> Five-College  | <input type="checkbox"/> Off-Campus <input type="checkbox"/> Other |

### ADMISSION

\$\_\_\_\_\_ MHC \$\_\_\_\_\_ College ID \$\_\_\_\_\_ General

If admission is charged, admission counter & bank bags must be signed out at Office of Student Activities. Deposit transport must be arranged with Public Safety.

Charge Account # \_\_\_\_\_

Contact/Phone \_\_\_\_\_

Alternate Contact/Phone \_\_\_\_\_

## SPECIAL SERVICES

Depending on service, location and time, charges may apply.

### PUBLIC SAFETY X 2304

Will determine your needs based on the following:

ALCOHOL  Yes  No

EXPECTED ATTENDANCE # \_\_\_\_\_

Parking Arrangements: and/or other requirements: Call Public Safety.

REMARKS (Attach diagram if set-up needed)

### BUILDINGS & GROUNDS X 2012

SET UP  Yes  No (see back)

- |   |         |
|---|---------|
| <input type="checkbox"/> 8' Tables                    | # _____ |
| <input type="checkbox"/> Chairs                       | # _____ |
| <input type="checkbox"/> Podium                       | # _____ |
| <input type="checkbox"/> Trash Cans                   | # _____ |
| <input type="checkbox"/> Easels                       | # _____ |
| <input type="checkbox"/> Special Electrical Equipment | # _____ |
| Describe _____  |         |

CLEAN UP  Yes  No (See back)

Call Buildings & Grounds to discuss requirements.

### OTHER SERVICES

Please describe the nature of your event in detail (under Remarks) for equipment needs.

### MEDIA SERVICES X2340

for A/V needs at any locations other than Blanchard and Chapin.

### BLANCHARD CAMPUS CENTER X2153

- |   |  |
|---|--|
| <input type="checkbox"/> Mics How many? _____ | <input type="checkbox"/> Sound System    |
| <input type="checkbox"/> TV/VCR               | <input type="checkbox"/> Slide Projector |
| <input type="checkbox"/> Cassette Player      | <input type="checkbox"/> Easel           |

### CHAPIN AUDITORIUM X2439

- |  |                                 |
|--|---------------------------------|
| <input type="checkbox"/> Table Mic How many? _____ | <input type="checkbox"/> Podium |
| <input type="checkbox"/> Stand Mic How many? _____ | with Mic? yes _____ no _____    |

Call Chapin for additional requests or use of the sound or lighting systems.

See Reverse Side

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_