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.

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 than 90 days before the event.** This form may be 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: ________________________________________________

___________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

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