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 Brianna Oakley at ext. 8022 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 then 90 days before the event.** This form may be faxed to 251-257-1817 or emailed to fixit@nobts.edu.

3. Please direct any questions to Andrea Legendre at ext. 8213 in the Facilities Department.

**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

A/C Needed: _____________

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