

FORM B ALLENWOOD BANQUET EVENT ORDER FORM
 Complete if requesting Allenwood usage

Organization Name: _____

- HOSP Student Organization
- Campus Dept
- 3rd Party

Event Name: _____

Event Contact Person: _____

Contact Email: _____ Phone Number: _____

Space Requested • Meeting Room • Kitchen • Both

Service Requested • Menu Development (Consultation required to determine price)

- Supplies
- Linen (\$2 per tablecloth)

• Projector (\$10 rental fee)

• Other (Cost \$ TBD): _____

ROOM AND SUPPLIES RENTAL FEES

TYPE	RENTAL PRICE	QTY NEEDED	TOTAL PRICE
Dining Room Rental	\$25 (5 hours)		
Kitchen Rental	\$25 (5 hours)		
Dining Room and Kitchen Rental	\$50 (5 hours)		
White Linens	\$2 each		
Black Linens	\$2 each		
White Napkins	\$ 0.50 each		
Black Napkins	\$ 0.50 each		
Projector	\$10 (5 hours)		
Other:			
TOTAL:			

Menu Development (if menu costing does not fit in this chart please attach a separate completed menu costing sheet for all ingredients)

SUBMISSION REQUIREMENTS

All HOSP Student Organization Event Requests Forms must be submitted to the club faculty advisory at least three weeks prior to the anticipated date. Staple forms and submit in the following order:

- Form A.
- Form B. Include the following attachments (if applicable):
 - Food and Beverage costing sheet. Typed, printed, stapled to packet.
 - Other supplies costing sheet. Typed, printed, stapled to packet.
 - Dining room layout/floor plan. Typed or neatly hand drawn.
 - “Day-of” event timeline. Typed, printed, stapled to packet.
 - Permits
 - Marketing plan
 - Contact sheet of all outside companies/vendors
 - x Company name
 - x Contact person first and last name
 - x Email and phone number of contact
 - x Website
- Form C Allenwood Policies and Procedures Signature Sheet

*Incomplete event request forms will not be considered for approval. Ensure that forms are complete, neat, and professional prior to submission. Students are expected to abide by all Department and University policies and professional conduct for any event.

SIGNATURE PAGE – FORM B

PRINT NAME

SIGNATURE

DATE

CLUB PRESIDENT:

EVENT COORDINATOR:

FACULTY ADVISOR:

CLUB EXECUTIVE ADVISORY COMMITTEE APPROVAL:

HOSP DEPARTMENT CHAIRPERSON:
