

Special Events Request

Facility: _____

Person Making Request: _____

Date(s) : _____

Date of Request(s): _____

Time(s) Needed: _____

Event/Group Involved: _____

Time of Event: _____

***Must Be Present At Start of Event**

Number of People: _____

Contact Person: * _____

Technical Request (please mark):

- | | | |
|----------------|------------------|--------------------|
| Audio Cassette | CD Player | Laptops |
| TV/VCR | Slide Projector | Speakers |
| LCD Projector | Microphone | Overhead Projector |
| Podium | Projector Screen | |
| Internet | Acoustical Shell | |

Address: _____

Phone Numbers:

Tech Operator* *hourly rate after regular work hours

_____ (home)

_____ (work)

_____ (cell)

FAX: _____

Email Address: _____

Refreshments/Food Service:

Contact:

Great Western Dining
Western Texas College
325-574-7604

(Please mark below the special equipment needs w/date & time for pick up & clean up)

Other Information:

TDI:

Technology:

Audio Visual:

| | Date to set up | Time to take down |
|------------|----------------|-------------------|
| AC/Heating | | |
| Tables | | |
| Risers | | |
| Chairs | | |
| Piano | | |

Other: (Special Set Up)

Visitor Center Office Use Only:

confirmed by:
