

Solarium Reservation Form

Plemmons Student Union

Contact Name: _____ Dept./Org: _____

Phone: _____ ASU Box: _____ Contact Email: _____

"Title" of Event/Mtg.: _____

Social Event (Available only on *Thursday, Friday & Saturday, 5pm - 10pm*)

Private (*Group members and their guests only*). Event Staff Fee Required.

Public If Public, check one below. Event Staff Fee may be required.

Only those interested in attending event are allowed entrance to Solarium. Fee required.

Solarium open to casual, public usage during event. If program/stage use, Fee required.

Meal/Banquet __ Reception__ One Time Gathering__ Other (describe) _____

Serving Alcohol. *Sponsoring organization must provide alcoholic beverages for event. Other policies apply*

Serving Food. If serving food, no admission may be charged. *Check one below.*

__ASU Food Services __Off Campus Caterer (Permit required) __Group will bring food.

Charging Admission. If checked, list amount: _____. *No food may be served.*

Musical Performance (Available during *normal operation hours*.)

The following conditions apply: (1) Open to the Public, (2) No Admission or Donations, (3) No Alcohol Allowed.

Musical Performance. AV Staff required. PSU sound equipment only may be used.

Event Details

Date of Event _____ What is the estimated number of people who will attend this function? _____

Events Beginning Time (doors open): _____(am/pm) Event Ending time (doors close): _____(am/pm)

Group's Set-Up Time (need into room):__(am/pm) Group's Clean-Up End Time (out of room)____(am/pm)

Possible alternate Event Times: _____

AV/Equipment Request (if available).

____ # of Microphone(s) Usage: Presenter(s) Acoustic Music Performance

____ CD Player (*Solarium sound equipment requires AV Staffing Fee*)

____ Podium

____ Number of Tables (2' x 6') for Handouts, Food, etc. _____ Location of Tables.

- Solarium furniture can not be removed from Solarium. Normal layout required for all events.
- If Staffing Fee, payment required before reservation can be confirmed.

_____ Organization Representative

Date _____