

PLEMMONS STUDENT UNION, Scheduling Office

Phone: (828) 262-3032 Fax: (828) 262-2937

LEGENDS REQUEST FORM

*Completion of this form does **NOT** insure room availability or event approval. **Today's Date:** _____

(At least 1/2 hour appointment is required in order to reserve Legends)

Does this group have an appointment? (For Office Staff Only) Date: _____ Time: _____ Staff Initials: _____

Contact Name: _____ Phone: _____ ASU Box: _____ Email: _____

Organization/Dept.: _____ (*No Abbreviations PLEASE)

Title of Event: _____ Estimated number of people to attend: _____

Date of Event (Include day of week, ex: Weds. 1/3/01): _____ Possible Alternate Date of Event: _____

Set up time: _____ Beginning Time: _____ Ending Time: _____ Clean-up End Time: _____

Possible Alternate Times: _____ (Reserv. Mgr automatically arranges our staff's set-up time.)

TYPE OF EVENT

Are you: **Selling anything?** yes no
Soliciting Votes? yes no (*If YES to any of these, you will need a "Solicitation Form"
Accepting Donations? yes no approved by CSIL before you meet w/ Reservations Mgr.)

Charging Admission? Yes No If yes, note Amount? \$ _____

Serving Food? Yes No (Ron Dubberly must approve any event w/food and a charge before event can be scheduled)

..... **Note Provider:** ASU Food Services (*Contact is responsible for contacting Food Services)
 Group will bring their own-***Note type of food** (ex. Pizza): _____
 Off Campus Restaurant (*Permit required from Student Programs and Business Affairs)

Approximate Time Caterer will arrive to set-up for event: _____ am/pm Name of Caterer: _____
(*Serving of Food or Alcoholic Beverages in Legends requires prior approval by Office of Student Programs.)

Circle one of each of these choices: **MEETING** (or) **SOCIAL EVENT**
PUBLIC (or) **PRIVATE**
NON-ALCOHOLIC (or) **BYOB**

(*Reservations involving Bands/Musical Entertainment can ONLY be made by a Student Development Organization, or for a Club's Closed Event without a charge.)

ROOM SET-UP (check all that apply)

_____ D.J. event _____ D.J. will use the Club's System _____ Request D.J. to be set up on stage
_____ Need microphone(s) on stage . . . How many? _____
_____ Club Set-up with use of dance floor (Room's Normal Set-up)
_____ Meeting or Lecture (chairs in rows on dance floor) Opt. Name of Speaker: _____
_____ Other. . . Describe: _____

(Note quantities if needed)

_____ Number of Head Table(s) _____ Number of Tables for Food (If not specified, will be assigned)

_____ Number of Chairs (@ each Head Table) _____ Number of Tables for Handouts

OVER =>

Process for RESERVING LEGENDS

You must make an appointment to meet with the Reservations Manager for at least ½ hour and bring the completed request form with you.

- ✓ Reservations Manager will **advise** about availability during your meeting, once the **completed** request form is reviewed.
- ✓ Customer must be prepared to **pay staffing fees**, and review and sign the event contract at this meeting.
- ✓ Reservations Manager will **receive & record payment. Only then will contact be provided with a printed confirmation.**

Guidelines for RESERVING LEGENDS (*Important Information*)

- At least a ½ hour **meeting with the Reservations Manager is required** in order to reserve Legends.
- **A Scheduling Contract must be signed by contact** agreeing to specific conditions and responsibilities that come with using Legends.
- **Event must expect OVER 75 participants** (due to costs involved in it's opening/operation, Legends cannot be reserved for social events with fewer than 75 attendees).
- **APPS** (Appalachian Popular Programming Society) Councils have **FIRST PRIORITY** for reserving Legends for social events on Thursdays, Fridays, and Saturdays.
- Reservations can only be made **within 30 days of the event's date.**
- Reservations can only be made **NO LESS than 2 weeks in advance** due to staffing requirements. (Events scheduled less than 2 weeks in advance are rarely successful.)
- Reservations cannot be made Sunday through Tuesday nights for social events. These nights are only available for weekly meetings.
- **Payment of Staffing Fees is REQUIRED in advance prior to confirmation of reservation.**
- Cancellation of event is required **no less than twenty-one (21) days** prior to event date, to ensure a refund of staffing fees, if such have been charged to the organization

I have indicated my organization's total room needs on this form and I will review the computer-printed confirmation given to me to ensure my request is complete and accurate. (*Please sign)

Organization Representative _____ Date: _____ Time: _____ am/p

Reservations Manager's Notes Only (details, fees, etc.):