

Clement's Place Request Form Office of Reservations and Special Events

Office of Reservations and Special Events
350 Dr. Martin Luther King Jr. Blvd, Newark NJ 07102
Phone (973)353-2783 | Fax (973) 353-5912 | Email resv@newark.rutgers.edu

Prior to submitting this form, you must receive approval from Wayne Winborne, Executive Director of the Institute of Jazz Studies at wayne.winborne@rutgers.edu

| Event Title: | Event Da | ate(s): | |
|--|------------------------|---|--|
| Reservation Time (including setup & breakdown ti | ime): | Estimated Attendance: | |
| Event Time (if different): | Percentage of Ru | tgers Affiliated Guests: | |
| Client/Department: | Contact N | ame: | |
| Email: | | Phone: | |
| Brief Event Description: | | | |
| | | | |
| | | | |
| | | | |
| Timeline of Activities Planned During Event (please | se attach agenda if re | evant): | |
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| | | | |
| Yes No Working with any external vendors? | ? Yes | No Will alcohol be served or sold? If yes, a bartender is required. Please work with Wayne Winborne to schedule staff. | |
| Yes ☐ No Will services and/or merchandise b | e sold? Yes | No Will the event be advertised off campus? | |
| Yes \square No Is the event open to the public? | Yes | No Will admissions/donations be collected? | |
| Yes \[\] No Is media expected to be at your even | ent? Yes | No Will tickets be sold at the door? | |
| Yes No Will there be a live band? | | | |
| Yes No Will you have any food or catering (Certificate of Liability Insurance is required for cate | | | |
| Gourmet Dining (973) 353-5997 Other Ca | aterer: | | |
| Please list any special VIPs who may be attending | the event: | | |
| Set-Up Type (please select one): Theater/F | Row Re | eception | |
| General Equipment & A/V Equipment Needed | <u>1:</u> | | |
| Lectern PA | System Clement's P | lace Laptop | |
| Wired Mic Use of TV Monitors | | Background Music | |
| Food Table(s) | | | |

| please contact the Office of Reservations and Special Events at 973-353-5568 or resv@newark.rutgers.edu. | | | |
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| Additional Notes: | | | |
| Additional Notes. | | | |
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| As an authorized representative of | F | , I certify to the best of my | |
| knowledge that the information pro | vided above is accurate and I accep | ot responsibility for the conduct of | |
| the group using the facilities, the | ir compliance with time and purp | ose specified above, any and al | |
| charges incurred, and guarantee Ru | ıtgers University against personal i | njury and damage to property, its | |
| replacement or repair as necessary | . I agree to restore the space to | an orderly condition for the next | |
| | derstood the policy statements | | |
| policiesandprocedures/ and agree t | | | |
| laws and regulations. I agree that | • • • | a confirmation, and should not | |
| advertise this event until receipt of | a confirmation document. | | |
| | | | |
| Name (Please Print) | Signature | Date | |
| | | | |

Please list any additional general or technical needs or a suggested layout. Please be aware that additional equipment not listed on his form may require rental from an outside company. For details or guidance,