

**Event Details**

Date of event \_\_\_\_\_ Time of the event *From:* \_\_\_\_\_  am  pm *To:* \_\_\_\_\_  am  pm

Date of event \_\_\_\_\_ Time of the event *From:* \_\_\_\_\_  am  pm *To:* \_\_\_\_\_  am  pm

Event Name \_\_\_\_\_ Event Type \_\_\_\_\_ Expected Attendance \_\_\_\_\_

Date of request \_\_\_\_\_ Approved \_\_\_\_\_ By: \_\_\_\_\_

**Contact Information**

Contact \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Organization \_\_\_\_\_ Non Profit?  Yes  No Non Profit Tax ID \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

**Room Requirements**

We will **NOT** be needing any computer or A/V Support

**Audio**

- Microphone(s)
- Floor Stands
- Podium
- Other (detail in notes)

**Video**

- LCD Projector
- Screen
- DVD / VCR
- Other (detail in notes)

**Computer**

- Laptop Required
- Network Access Required
- Own Equipment: \_\_\_\_\_
- Do you require adapter for projection?

Notes

**Maintenance/Custodial**

- Tables x \_\_\_\_\_
- Chairs x \_\_\_\_\_

Notes

*Please note any other special requirements you have for your event in the area below. **Catering services not available from BFA***

*The use of this room/area will not be approved until this form is completed in full and returned to the address below. **All room and area use requests MUST be made no later than 10 working days PRIOR to the use period.***

Bellows Free Academy  
Attn: Building Use  
71 South Main Street  
St Albans VT 05478

Fax to: 802-527-6436  
Telephone: 802-527-6555

Requesting party signature: \_\_\_\_\_  
Date: \_\_\_/\_\_\_/\_\_\_

BFA Administrator signature: \_\_\_\_\_  
Date: \_\_\_/\_\_\_/\_\_\_

**OFFICE USE ONLY**

Fees due: \$ \_\_\_\_\_ Rental  Custodial  Electrical  Other

- Send copies to:**  S.Martin     J.Burt     Librarian     A.Steel     Principal's Office  
 NWTC Office     D.Marlow     R. Harte     Other \_\_\_\_\_     Other \_\_\_\_\_