INFORMATION REQUIRED FOR SPONSORED / ENDORSED EVENTS

This info is used to generate contracts, insurance requirements, and estimates for non-college events. Submit this form to Piper Foreso at pforeso@smith.edu. For questions, please call Piper at ext. 2179.

Your Name ______________________________ Dept ____________________________
Phone ______________________________ e-mail ______________________________

EVENT

Name __________________________________________
Type (concert, lecture, etc.) ________________________________________________

Date(s)* ____________________ Time(s)* ____________________ Space(s) ___________________________________
__________________________________ _______________________________________ ___________________________________
__________________________________ _______________________________________ ___________________________________
__________________________________ _______________________________________ ___________________________________

* Clients often request time for an event and don’t include setup, decorating, rehearsal, etc. times. All dates and times that clients access Smith space must be identified in their contract so that insurance is in effect. Please include all rehearsals, setup, decorating, sound checks, etc. above and in the R25 reservation.

R25 reference number ______________________________
Food served (Y/N)? ______________________________
Alcohol served (Y/N)? ______________________________

DEPARTMENT

Fees (space rental, custodial, equipment, security, catering, etc.):

• Fees absorbed by your department:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

• Fees absorbed by client:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Estimated attendance (to determine custodial costs) ______________________________
Who is the department liaison? _______________________________________________
Who is the on-site coordinator? _______________________________________________

CONTRACT

Name of Organization _______________________________________________________
Address of Organization _____________________________________________________
Name of Person Signing Contract _____________________________________________
Organization Contact (if different) ____________________________________________
Contact’s Phone __________________________________________________________
Contact’s e-mail __________________________________________________________

ver. 3/12/10