

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 preso@smith.edu. For questions, please call Piper at ext. 2179.

Your Name		Dep	t
		•	
EVENT			
Name			
Type (concert, lecture, e	etc.)		
Date(s)*	Time(s)*		Space(s)
and times that clients ac	cess Smith space must be	identifie	tup, decorating, rehearsal, etc. times. All dates d in their contract so that insurance is in effect. ecks, etc. above and in the R25 reservation.
R25 reference number			
Food served (Y/N)?			
Alcohol served (Y/N)?			
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DEPARTMENT			
Fees (space rental, cus	todial, equipment, securi	ty, cate	ering, etc.):
Fees absorbed by your department:			
Fees absorbed by client:			
Estimated attendance (to determine custodial co	osts)	
Who is the department	liaison?		
Who is the on-site coordinator?			
CONTRACT			
Name of Organization			
Address of Organization			
Name of Person Signing	g Contract		
Organization Contact (if different)			
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Contact's e-mail			