Submit Via Email | Print Form

Bates | Harward Center for Community Partnerships

Event Request Form

Contact Info: **Today's Date:**

Contact Name **Phone:**

Billing Address:

Event Info:

Event Name:

Event Date(s):

Access Time **AM/PM** **Start Time:** **AM/PM** **End Time** **AM/PM**

Sponsoring Department:

Description of Event:

Projected Attendance: **Will catering be needed** **Yes** **No**

Space Requesting:

*Once you receive confirmation of your event, you are required to provide Bates with evidence of liability insurance of a minimum of $1 million. This certificate could be sent via email to bpelleti@bates.edu or by mail to Bates College, Attn:Events Coordinator, 161-163 Wood Street, Lewiston, ME 04240

Set Up Info:

☐ **Theater** ☐ **Classroom** ☐ **U-Shape** ☐ **Square** ☐ **Banquet Style**

Other Info:

Audio/Media Info:

☐ **Podium & Microphone** ☐ **Lectern Microphone** ☐ **Wireless Microphone**

☐ **Computer Projector** ☐ **TV/VCR** ☐ **DVD Player** ☐ **Screen**

☐ **Computer for presentation** ☐ **Internet Access** ☐ **Providing own equipment**

***Please note if using computer on campus you must bring your presentation on a flash drive.**