



Space Request Form

CSPAC, Suite 3800, UMD, College Park, MD 20742-1625
Phone: 301-405-8176 Fax: 301-405-5977

Please complete (print or type) and fax or mail to the address above. Forms must be received within one week of a verbal request to secure a reservation.

Organization: _____

Contact Person: _____

Name of Event: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Fax: _____

Alt. Phone: _____

Email: _____

Type of Event (musical concert, comedy, reception, play, recital, lecture, etc.): _____

Briefly describe your event: _____

Reservation is not confirmed until a rental contract has been executed and deposit payment received.

Venue & Booking Details

Check one: Dekelboun Concert Hall Kay Theatre Kogod Theatre Gildenhorn Recital Hall Dance Theatre

Lab Theatre Fac/Staff Lounge Tawes Theatre Ulrich Recital Hall Other: _____

Day & Dates of request: List all requested dates. Include prep/tear-down dates (MM/DD/YY)	Type of activity: Set-up, Tech, Rehearsal, Recording, Performance, Reception, or Other (specify)	Access to venue requested* at: (XX:XX a.m./p.m.)	Event begins* at: (XX:XX a.m./p.m.)	Event ends* at: (XX:XX a.m./p.m.)	Venue vacated* (lights out, locked up) by: (XX:XX a.m./p.m.)

Usage dates and times will be confirmed and finalized in consultation with the venue Event Manager.

Is this performance appropriate for all ages? NO__ YES__ If no, what age range is appropriate? _____

Is your event open to the public? NO__ YES__ Estimated audience size: _____ Will your event be recorded? NO__ YES__

Will your event be ticketed? NO__ YES__ If yes, please fax ticketing rental form to 301-314-2683. Will this event be free? NO__ YES__

Will your event have Programs? NO__ YES__ Do you plan to sell merchandise (see CSPAC Scheduling and Usage Policy)? NO__ YES__

Do you expect Press to attend? NO__ YES__ If yes please supply a Press contact name and number: _____

Are you catering the event?: NO__ YES__ If yes, please visit www.dining.umd.edu Campus catering is the exclusive caterer for the CSPAC.

Please contact Carlotta Botvin at 301-314-0363 or cbotvin@umd.edu at least two (2) weeks prior to your event.

Please list event requirements and/or special needs (harpichord, special lights, sets, audio support, microphones, lectern, CD/cassette/minidisk playback, etc...): _____

Rentals (Check one): Commercial Official Campus Organization** Non-profit - 501(c)3 # (required): _____

**The representative of a Student Org. completing the Space Request Form must be listed on the organization's registration form on file with the Office of Campus Programs (1135 Stamp Student Union)

If this event is sponsored** by one of the following departments, please check one:

M-NCPPC Department of Theatre Department of Dance School of Music Cultural Participation

Sponsoring department authorization **required. Authorized signature: **X** _____

The representative of University departments and/or off campus organizations must be authorized to commit resources and funds on behalf of their departments and/or organizations.

President's Office and CSPAC Resident Units:

Check one: President's Office Department of Theatre Department of Dance School of Music MD Presents PAL

Department authorization **required**. Authorized signature: **X** _____