

1000 Regent University Drive, Virginia Beach, VA 23464 Phone (757) 352-4008, Fax (757) 352-4039 Attn: Administrative Services, ADM 116

Email: scheduling@regent.edu

APPLICATION FOR ROOM RENTAL

This application shall be submitted not less than three weeks, nor more than three months prior to the date of the proposed activity. Currently outside group events are not scheduled further than three to four months in advance.

Any misrepresentations in this application or deviation from the final agreed specifications described herein may result in revocation of limited-use lease.

Applicant	
Organization	
Address	City/State/Zip
Daytime Phone	Cell
Website address	
Email	
Name and contact info for Event Coordinator (if different than above	e)
Event name	
Date of event	_Time desired
Exact start and end time of event	
Room(s) or area requested	

Туре	of Event (select all that apply)
0	Academic/educational
0	Admissions/recruiting
0	Banquet
0	Camp
0	
0	Class
0	Concert
0	Graduation
0	Panel Discussion
0	Photo/Video/Film Shoot
0	Reception
0	C ' /XX 1 1
0	Social
0	Table Day
0	WY 1P G
0	
Purpo	
Purpo Expe	cted Number of Guests
Expe	cted Number of Guests
Expe Desc	cted Number of Guests ription of Guests (select all that apply)
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Expe Desc	cted Number of Guests ription of Guests (select all that apply) VIP/High-Profile Donors
Expe Desc	cted Number of Guests ription of Guests (select all that apply) VIP/High-Profile Donors Faculty/Staff
Expe Desc o	cted Number of Guests ription of Guests (select all that apply) VIP/High-Profile Donors Faculty/Staff Students
Expe Desc o	cted Number of Guests ription of Guests (select all that apply) VIP/High-Profile Donors Faculty/Staff Students Other
Expe Desc O O O Will	ription of Guests (select all that apply) VIP/High-Profile Donors Faculty/Staff Students Other admission be charged?
Expe Desc O O O Will	cted Number of Guests ription of Guests (select all that apply) VIP/High-Profile Donors Faculty/Staff Students Other admission be charged? No
Expe Desc O O Will:	ription of Guests (select all that apply) VIP/High-Profile Donors Faculty/Staff Students Other admission be charged? No Yes
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Expe Desc O O Will Name	ription of Guests (select all that apply) VIP/High-Profile Donors Faculty/Staff Students Other admission be charged? No Yes et all recipients of the proceeds from this event. If more than one, list percentile distributions.
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Expe Desc O O Will : Name	ription of Guests (select all that apply) VIP/High-Profile Donors Faculty/Staff Students Other admission be charged? No Yes e all recipients of the proceeds from this event. If more than one, list percentile distributions. ou plan to serve food at this event? No Yes, food consists of the following (choose all that apply)
Expe Desc OHERONA Will: OHERONA Name Do yo	ription of Guests (select all that apply) VIP/High-Profile Donors Faculty/Staff Students Other admission be charged? No Yes e all recipients of the proceeds from this event. If more than one, list percentile distributions. ou plan to serve food at this event? No Yes, food consists of the following (choose all that apply) o Light hors d'oeuvres
Expe Desc O O Will Name Do yo	ription of Guests (select all that apply) VIP/High-Profile Donors Faculty/Staff Students Other admission be charged? No Yes e all recipients of the proceeds from this event. If more than one, list percentile distributions. ou plan to serve food at this event? No Yes, food consists of the following (choose all that apply)

- o Punch and cookies (or similar)
- o Snacks only
- Light mealBuffet or plated full mealBanquet

Enter o		nt: (select all that apply) xers Policy:
O	Please Unive Christ advoce	e note it is our policy that speakers must in some way contribute to the mission and vision of a resity and must agree in advance to conduct themselves in a manner consistent with tradition tian values including the avoidance of profane language, potentially slanderous statements, acy of violent change or overthrow of the government. By signing this form, you acknowledgou understand the speaker policy, and take responsibility for fully informing guest speakers of
	•	ou unaersiana ine speaker policy, ana lake responsibility for fully informing guest speakers o niversity's expectations.
		Name of Speaker
	0	Title or current position
	0	Affiliation
	0	Topic of speech to be delivered
0	Music	
	0	Genre? Contracted?
	0	Type (Live band, recorded, etc.), instruments, length of time playing? (please note that use of Library Atrium or Auditorium piano will incur an additional fee for tuning)
	0	List all music with title and composer (attach additional sheet if necessary)
0	Misce	ellaneous entertainment (explain)

o Name/contact info of Photographer/Videographer (if other than applicant)

Number of people in shoot including photographer and film crew Please list all anticipated equipment needed (including lighting)		

o List all amperage requirements

0	Please give us all details of the shoot, including proposed special effects, loud noise, weapon propsed special effects, but will still affect the Regent University ventilation system and must be disclosed. If your shoot sets off alarms due to HVAC issues, you will not be allowed to finish and will be invited to leave the premises immediately.
	——————————————————————————————————————
Parki	ng (select all that apply):
0	Parking for guest speaker(s)?
	o How many spaces?
	o Parking lot desired
0	Parking for caterer?
	o How many spaces?
	o Parking lot desired
Madi	a Equipment and Support (select all that apply):
	Services will charge a fee for set-up and break-down of all equipment, rental of each item, and an
	y rate when an operator is required at the event. Depending on the scope of your event, an additional
	Services questionnaire may be required for us to completely understand your event needs.
0	Podium microphone/Number required
0	Microphone on stand/Number required
0	Wireless lavaliere microphone/Number required
0	CD player
0	DVD player
0	Data projector
0	Screen
0	Internet connection
0	Miscellaneous (what other equipment is needed?)
Do yo	u have liability insurance? A certificate of insurance will be required upon execution of the Facility Use
Agree	ment. It must include Workers Compensation insurance sufficient to cover all employees, and
Comp	rehensive Liability insurance and Property Damage insurance of no less than \$1,000,000 each
occuri	rence/\$2,000,000 aggregate for bodily injury and property damage.
0	Yes
0	No
room	e to abide by all policies and procedures. I understand this application is not a confirmation of date reservation, or costs. A facility use agreement and invoice will be generated upon approval of this ation and finalization of event details. Payment will be due on or before the date of the event.
Signa	ture
Date	
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