

UWGB Campus Location: _____

Contact Information

Organization / Department Requesting : _____

Non Profit? _____

Contact Name: _____

Email : _____ Phone: _____

Address: _____

City, State, Zip: _____

Event Information

Event Name: _____

Date of Event: _____ Start Time: _____ End Time: _____

Will there be a fee charged for this Event? _____ If Yes, Fee Amount: \$ _____

Will Minors be participating? _____

Event Description: _____

Number of People Expected : _____

Room/Area _____ Room Set Up: _____

Special Request Set Up _____

List any AV equipment needs for your event: _____

Will you need on site technical support the day of your event? _____ If Yes, additional charges will apply

Will Food be Served? _____ If Yes, All food must be arranged by an outside vendor

Will Alcoholic Beverages be Served? _____ If, Yes, please select how they will be served _____

On behalf of the organization I represent, I assume responsibility for the use of the facility in accordance with the attached UW-Green Bay, Facility Responsibility, Release, and Authorization Use Policies and Procedure.

Signature: _____ Date: _____

Please complete and return this form for review and approval

Wendi Holschbach, Campus & Executive Officer Assistant | 705 Viebahn St. , Manitowoc, WI 54220
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