



# TMSL STUDENT ORGANIZATION TABLE/EVENT REQUEST FORM

Table requests must be submitted at least **7 days** prior to the requested use date. Event requests must be submitted to [studentaffairs@tmslaw.tsu.edu](mailto:studentaffairs@tmslaw.tsu.edu) no later than **31 days** prior to the scheduled event date. Late requests are subject to immediate denial.

Please select the type of request: ☐ Table Request ☐ Event Request

**If this is a \*\*Table Request\*\*, complete sections 1 and 2 ONLY:**

## 1. Organization & Contact Information

Organization Name: \_\_\_\_\_

Requestor Name and Title: \_\_\_\_\_

Requestor Email Address: \_\_\_\_\_

Requestor Phone Number: \_\_\_\_\_

## 2. Table Request

Table requests in the lobby are limited to 1 table and 2 chairs per organization/reservation.

Date Requested: \_\_\_\_\_

Time Requested: \_\_\_\_\_

Purpose of Table Request:

\_\_\_\_\_

Will non-prepackaged food be served? ☐ Yes ☐ No

## 3. Event Request

Title of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Event Start Time: \_\_\_\_\_ Event End Time: \_\_\_\_\_

Purpose of Request (e.g., tabling, meeting, social event):

\_\_\_\_\_

Event Description: \_\_\_\_\_

Target Audience: \_\_\_\_\_

Event Space: ☐ Indoor ☐ Outdoor

Will this event require multiple buildings? ☐ Yes ☐ No

Location Requested: \_\_\_\_\_

Estimated Attendance: \_\_\_\_\_

#### **4. Intended Audience**

Audience Type (select all that apply):

☐ Internal

☐ External

Will VIP guests be invited? ☐ Yes ☐ No

Will elected officials be invited? ☐ Yes ☐ No

Will minors be invited? ☐ Yes ☐ No

#### **5. Event Specifications**

Will alcohol be served? ☐ Yes ☐ No

Are funds being requested? ☐ Yes ☐ No

Is this event on-campus or off-campus? ☐ On-campus ☐ Off-campus

Will the presence of the Law School Dean be requested? ☐ Yes ☐ No

Will the presence of other University Administration be requested? ☐ Yes ☐ No

If yes, provide their name and title. \_\_\_\_\_

#### **6. Setup & Support Needs**

Number of tables requested: \_\_\_\_\_

Number of chairs requested: \_\_\_\_\_

Will AV equipment be needed? ☐ Yes ☐ No

Additional setup details or special requests:

\_\_\_\_\_

## 7. Other Resources Requested

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## 8. Safety and Security

Dept. of Public Safety will assess safety needs: ☐ Acknowledged

## 9. Media and Communications

Will media be present? ☐ Yes ☐ No

Upload any advertisements for review by Marketing and Communications (if applicable):

## 10. Additional Comments

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## 11. Advisor Acknowledgment

Advisor Name (Print): \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office of Student Affairs Approval (Office Use Only)

Request Reviewed By: \_\_\_\_\_

Approved: ☐ Yes ☐ No

Comments/Conditions:

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_