

## **FACILITY RESERVATION INQUIRY FORM**

## **Liberty Mountain Snowflex Centre**

All information must be entered to ensure timely scheduling!

## **Contact Information**

1.	Please provide the following Point of Contact (POC) information:				
	Name:				
	Cell Phone Number:				
	Email Address:				
	Legal Address:				
	LUID (if current or previous LU Student/Faculty/Staff):				
2.	If the requested event is for personal use, please select your affiliation with Liberty University:				
	Current Student/Faculty/Staff General Public/Alumni				
3.	If the requested event is for an <u>external organization</u> , please list your legal business name <u>and</u> address.				
	eneral Reservation Information  Please provide the specific location(s) and/or activities at the Liberty Mountain Snowflex Centre that you are requesting to reserve, as listed on our <a href="Campus Recreation Facility Reservations webpage">Campus Recreation Facility Reservations webpage</a> .				
5.	. Please provide the name / title of the requested event:				
6.	Please provide a description of the requested event including purpose, theme, and activities involved. If requesting to reserve facility space, please indicate if anyone in your party plans to participate in slope activities during the reservation.				
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7.	Please list all equipment, decorations, games, crafts, etc. that you are requesting to bring to the facility for the event.					
8.	. Please indicate if the requested event is private or open to the public:					
	Private Event Public Event					
9.	Please list the preferred reservation date(s) and two backup dates.					
10. Please list the proposed timeline for the event:						
	Set-Up Start Time:					
	Event Start Time:					
	Event End Time:					
	Tear-Down End Time:					
11. Who <u>and</u> how many people are anticipated to attend the event?						
12. How many adults will be in attendance (18 years of age and over)? How many minors will be in attendance (under 18 years of age)?						
13. Will there be food at this requested event?  Yes  No  If yes, will it be:						
	Brought to campus by someone in your party.  Delivered to campus by food company, please list the company name:					
	Catered/served on-site by company, please list the company name:					

14	•	•	dors for the requested event (i.e., Food truck, DJ, caterer, ne type of vendor and business name below.  No			
15	. Will the requeste be handling ticke		d and have a guest admission fee? If yes, how will you  No			
16	. Will the requested event require registration and is there a fee associated? If yes, how will you be handling registration?  Yes  No					
17	-	ill the requested event or activity have anything to do with fundraising or donations? If yes, ease provide more information.  Yes  No				
Libe	erty Mountain S	Snowflex Centre F	Resources			
18		which of our resou ge or Full Upper Lo	rces you would like to request for the event (only available for edge reservations):			
	8ft Rectangular Tables (for your expected head count)					
	6ft Round Tables (for your expected head count)					
Metal Folding Chairs (for your expected head count)						
	Podiur					
	Speak	peaker Access with Bluetooth Connector				
	Microphone & Stand					
	Monito	or Screen & HDMI	Cord			