



Request for Space

(For use by External groups seeking space at Ramapo College)

Contact Information

Sponsoring Organization/Group _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Cell _____ E-Mail _____

Non-Profit Org: Yes ___ No ___ Have you held an event at Ramapo College previously? Yes ___ No ___

Event Information

1. Event Title _____

2. One Day Event _____ Multiple Day Event _____ Multiple Spaces Needed _____

3. Preferred Event Day/Date/Year (s) _____

4. Set-Up Time _____ Start Time _____ End Time _____

5. Location (s) Preferred _____

6. Anticipated Attendance _____ Audience Description _____

7. Admission fee _____

8. Description of Event _____

9. Will food be served? Yes ___ No ___ Type of food: hot ___ cold ___

10. Will alcohol be sold ___ or served ___? Caterer to be used: Ramapo ___ External ___

11. Provide Event Details (incl. media needs, room set-ups) on a separate sheet.

Sample Schedule (attach if available.)

E-mail form to dspina@ramapo.edu or fax to Deborah Spina, (201) 684-7097.