

CONNECTICUT STATE COMMUNITY COLLEGE NAUGATUCK VALLEY
FACILITIES AND EQUIPMENT USE REQUESTS – POLICIES AND PROCEDURES

1. Complete and email this form to patricia.dasilva@ctstate.edu. Please provide as much detail as possible.
2. Event requests are reviewed weekly by CT State Naugatuck Valley's Events Planning Committee (EPC). The events coordinator will respond to your request within three business days.
3. Theater rentals require on-site CT State Naugatuck Valley staff support for the entire duration of the theater rental period. If your event is approved, the theater manager will inform you of the staff required and the associated cost.
4. Fee schedules for space rental and staff support (maintenance, public safety, IT tech support, and theater staff) are available upon request.
5. If your request is approved, the events coordinator will send a contract that includes rental and staff fees.
6. A certificate of insurance must be returned with the approved contract.
7. Requests cannot be confirmed until all contract and insurance documents have been submitted.
8. Changes requested within two weeks of event cannot be accommodated.
9. **Prohibited:** Open flames, smoke and fog machines, glitter, confetti, balloons, chalk, paint, or any other materials on building or sidewalks.
10. Smoking, including vaping, is prohibited on the CT State Naugatuck Valley campus.
11. Requests to serve or sell alcoholic beverages require additional request form and CEO approval.
12. CT State NV can provide guest wifi accounts upon request. Individual user names must accompany all requests for guest wifi accounts.

A. ORGANIZATION AND SPONSOR INFORMATION

Organization name		Contact person's name	
Address	City	State	Zip code
Today's date		Contact phone	
Contact's email			
Event sponsor	☐ Student sponsored*	☐ Faculty sponsored*	☐ CSU or UConn
	☐ State of CT agency	☐ Community organization	☐ Business

*Sponsors must be in attendance for the duration of event.

Event Title and Description

B. NON-THEATER SPACE REQUESTS

Please use the location abbreviations on the space request form below. See campus map for reference.

P Plaza	K Kinney Hall	C Cafeteria (indicate East or West)
A Fine Arts Center (indicate level #)	E Ekstrom Hall	WW Indicate building and level #
S Student Center (indicate level #)	F Founders Hall	Atrium Indicate Fine Arts or Tech Hall and level #
L Learning Resource Center (indicate level #)	T Technology Hall	Art Galleries Indicate A or L and level #

Number of Attendees	Date	Reservation Start Time	Reservation End Time	Program Start Time	Program End Time	Space Requested
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

C. THEATER SPACE REQUESTS

Theater rentals require on-site CT State Naugatuck Valley staff support for the entire duration of the theater rental period. If your event is approved, the theater manager will inform you of the staff required and the associated cost. Please request the *actual times* of theater usage for work schedule communication to the theater staff.

Number of Attendees	Date	Reservation Start Time	Reservation End Time	Program Start Time	Program End Time	Space Requested Mainstage or Playbox
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

D. SETUP AND EQUIPMENT REQUIREMENTS

Furniture Requirements

Registration table ☐ Yes ☐ No

Lectern ☐ Yes ☐ No

Chairs – quantity _____

Tables – quantity _____

Room Setup

Please be as specific as possible – MUST be confirmed two weeks prior to event!

A/V and Technology Requirements

☐ LCD projector with computer

☐ LCD projector only

☐ Projection Screen

☐ Microphone(s) – Specify type and quantity

☐ Handheld quantity _____

☐ Lapel quantity _____

☐ Table top quantity _____

☐ Floor stand quantity _____

☐ Guest wifi account(s) – Each wifi account requested must be assigned to a unique user's name.

If you require the assistance of on-site CT State Naugatuck Valley tech support staff, please provide details in the space below. Charges may apply if event occurs outside business hours (Monday through Friday, 8:30 AM-4:30 PM).

Catering Information

Requests to serve or sell alcoholic beverages must be approved in advance of event.

Will food be served? ☐ Yes ☐ No

Will alcoholic beverages be served? ☐ Yes ☐ No

Caterer name _____

Details _____