

Date Received: _____

Event Reference: _____



Application For Scheduling an Adventure Workshop at Rowan University

Please complete this ENTIRE form and return it, along with the following to:

Office of Conference & Event Services
Chamberlain Student Center
201 Mullica Hill Road, Glassboro, NJ 08028
Phone: (856) 256-5446/Fax: (856) 256-5605

Instructions:

1. Along with your application, you MUST include the following:
 - A formal request on your **Organization Letterhead**.
(Not required for *Rowan University* Departments or Student Organizations.)
 - A copy of your proposed program schedule.
2. Please note the following:
 - Application and accompanying information must be received **at least 60 days prior** to the desired event date.
 - Submission of this form does not obligate *Rowan University* to accommodate your program.
3. Upon receipt of your completed application and accompanying information, the *Office of Conference and Event Services* will respond to your request.

Today's Date: _____

Organization Information

Name of Organization: _____

Type of Organization:

Elementary School Middle School High School

Guidance Other: _____

Profit (Corporation, LLC, Etc.)

Non-Profit Tax-Exempt Number: _____

Note: A copy of the tax-exempt certificate will be required with the contract.

Web address (URL): _____

Point of Contact Information:

Note: In order to provide you with the best possible service, please provide the Conference & Event Services staff with ONE point of contact to discuss all event logistics.

Name: _____ Title: _____

Phone: _____ Fax: _____ E-mail: _____

Contract Designee (If different than the Point of Contact):

Name: _____

Title: _____

Event Information

Name of Event: ADVENTURE WORKSHOP

Event Attendance:

Estimated # of Attendees: _____

of Adults: _____ # of Children age 13-17: _____

of Children Under 13 _____

Parking Desired for _____ Cars

Date and Time Information

Desired Event Date: _____

Desired Event Start Time: _____ Desired Event End Time: _____

**Alternate Date(s) _____ Alternate Time(s) _____

Facilities:

Esbjornson Gyms 3 and 4

Resources /Equipment Desired:

All necessary equipment is contained within the facility.

Additional Comments/Accommodations Desired:
