Gwynedd Mercy University  
Office of Student Activities & Leadership Programs  

Clubs and Organizations Calendar/Venue Request Form

Requestor’s Name: _____________________________  Email: _____________________________
Event Contact Name/Email (if other than requestor): ____________________________________________
Date Submitted:  ________________________   Organization’s Name: _______________________
(Request due at least two weeks prior to event date)

Event Name: ____________________________________________________________________________
Proposed Date of Event: _________________________   Expected Number of Guests: ___________
Schedule Event Time:

Setup Time       Start Time       End Time       Tear Down Time

Preferred Building and Room: ______________________________________________________________
Alternate Location (Required): ______________________________________________________________

Event Description (will be shown on website):
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Resources (Please describe if requested):

☐ Tables____________________________________________________________________________________
☐ Chairs ______________________________________________________________________________________
☐ Speakers ____________________________________________________________________________________
☐ Music ______________________________________________________________________________________
☐ Presentation Technology _________________________________________________________________________
☐ Microphones __________________________________________________________________________________
☐ Food (from Parkhurst) ___________________________________________________________________________
☐ Other Needs _____________________________________________________________________________________

To request Public Safety at your event, please contact Joanna Gallagher at Gallagher.J@gmercyu.edu or ext. 21785.

How would you like the space set up? (Attach design, if possible) _______________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

______________________________________         ______________________________________
Requestor’s Signature    Date        Club Advisor’s Signature    Date

Please note that this event is not confirmed until a confirmation email is sent to requestor.  
Please notify studentactivities@gmercyu.edu if event is canceled.