LESLIE AND ANITA
Harper
ALUMNI CENTER
AT SACRAMENTO STATE

Harper Alumni Center Event Rental Request

Event Date(s): _____ Contact Name: _____

Event Name: _____ Contact Phone: _____

Alternate Date(s):_____ Email:_____

Contract shall be between the Alumni Center and (Company/Organization/University Department):

_____

Mailing Address: _____

Access Starts *(time needed for set-up, one hour minimum)*: _____ Access Ends: _____

Event Start-time: _____ Event End-time: _____

Total hours including access times_____ Number of Attendees: _____

Room Rental and Reservation:

- ☐ Full Capital Room
- ☐ ½ Capital Room
- ☐ ¼ Capital Room
- ☐ Patio
- ☐ Board Room

- ☐ **Half-day (up to 4 hours)**
- ☐ **Full-day (up to 8 hours)**
- ____ **Add'l. Hours (past 8 hrs)**

AV & Equipment Rental:

- ☐ Built-In A/V Package
  - Screens (2) and Projectors (2), one mic & podium
- ☐ Basic A/V (Podium and one mic)
- ☐ Stage (6 4'x8' Panels Available)
- ☐ Dance Floor (18'x18')

Room Set-up:

- ☐ Banquet Style* (300 Guests Max)
  Guests seated at Round tables.
- ☐ Theatre Style
  Chairs only (up to 350 chairs)
- ☐ Conference Style
  - ◉ U shape
  - ○ Hollow square/rectangle

ALCOHOL & INSURANCE

- ☐ Private Event ☐ Open to Public
- ☐ Alcohol complimentary
- ☐ For sale, client provides license (ABC License Required)

Additional Event Information/Other:

_____

_____

_____

_____

CATERING

- ☐ Preferred Caterer: _____
- ☐ Outside Caterer ($500 Fee): _____
- ☐ Linens provided by _____

PARKING

- ☐ Guest will pay for own parking
- ☐ Client will pay for parking

PAYMENT METHOD:

- ☐ Credit Card
- ☐ Check
- ☐ Sac. State University PO
- ☐ Sac. State Pro-Card
- ☐ Sac. State University Use Funds

Please return completed form to alumnicenter@csus.edu