

Savannah State University Space Request Form

(Student Organization Use Only)
3219 College Street• P.O. Box 20009 • Savannah, GA 31404 University Advancement Events Office 912-358-3040 • Fax 912-358-3760

Jasmine Miller, Manager of Events (912) 358-3397 • RaShonda Carter, Events Coordinator | (912) 358-4376

Date of Request:	Organization Name:
Name of Event:	Sponsoring Department:
Contact Name:	
Phone Number:	
Event Date Requested:	Location(s) Desired:
Time Event Starts:	Early Access to Venue Requested:
Time Event Ends:	Venue Vacated:
GENERAL EVENT INFORMATION	*Savannah State University is a Tobacco Free Campus*
Estimate # of Attendance:	
AUDIO/ VISUAL NEEDS: (Please Specify)	SET UP NEEDS: Please Specify (Indicate quantity) *Please provide diagram with specific layout.*
PA System:w/ Microphone	No. of Rectangle Tables No. of Round Tables 60" or 72"
Microphone: How Many? Projector/Screen:	Podium Pipe & Drape Stage /Platform Piano (fee may apply # Chairs # Extra Chairs
of Event Services Click on the link to complete an SSU Tecl	hnology Services Event Request Form: dget?wid=AKMBL84K4Z6K3D&hosted=false&token=&firstName=&lastName=&nameEdita
CATERING: Will this event require food/	catering services? Yes No (NOTE: No outside food or catering services allowed)
If yes; complete an event order form in deta	ail (Do Not Sign or Date). Submit it back in WORD format to the Events Office.
	: http://www.savannahstate.edu/university-advancement/catering/
	Event Order Form: https://www.savannahstate.edu/university-
advancement/event-manageme	ent-forms.shtml
	nent reserves the right to charge labor fees for additional services, if deemed necessary.
Fees may vary (custodians, scoreboard	Operator, set-up etc.) Labor Fee: \$
STUDENT SPAC	CE REQUEST(S) WILL NOT BE ACCEPTED AFTER OCTOBER 1, 2016
Student Groups require signatures 1 - 3	1
1.) Organization President:	Date:
2.) Organization Advisor:	
3.) Office of Event Services:	