

Event Request

2500 E. Nutwood Ave. Fullerton, CA 92831 714-879-3901 x7474

Thank you for your interest in holding an event at Hope International University. This general information form will help us begin the process of facilitating your event. Please fill out this form in its entirety. You will receive a response within 72 hours after submission of the form.

Estimated Date(s):		Day(s):	□М	OT C	uW □Th	□F	Today's Date:		
Facility Requested: _									
Event Name:									
Group(s) Name:									
Leader/Contact Nam	ıe:								
Contact Info: Work Pl		(Cell:		Email:				
Event Start Time:			□ AM	□ PM	Event Er	nd Time:		_ _ AM	□ PN
Event Set-up Time: _		AM	□ PM	Event	Take Down	Completion Tir	me:	_ _ AM	□ PN
Estimated Attendance	ce:				Parking	Spaces Require	d:		
Catering Required:	□ No □ Yes	(A catering r	equest f	orm will	be given to j	you upon appro	val of event.)		
Event Type:	■ Band	Band □ Speaker			☐ Drama Instrumentals ☐ Choir				
	☐ Other								
Event Details:									
Set-up Details:									
Equipment Needed:	☐ Piano	□Wirel	ess HH _		□ Wirele	ess LAV	☐ Mons		
	☐ Chairs	☐ Music	c Stands		☐ Risers	i	☐ Decks		
	☐ Projector	•	•			-Recorder	☐ Video-Came		
	☐ Other								
Please list all equipm	ent that you are	bringing:							

Please Note: This does not guarantee that your event has been scheduled. This is only a request for scheduling an event at the University.

For questions regarding this form, or holding an event at Hope International University please contact:

Christopher Mathaga

Director of Conference Services/Events Coordinator (714) 879-3901 ext. 7474 • ckmathaga@hiu.edu