



## SPECIAL EVENTS REQUEST FORM (SERF)

<b>NAME OF CLUB OR ORGANIZATION</b>	
<b>THEME/PURPOSE</b>	
<b>EVENT DESCRIPTION</b> Provide a detailed description of your request	
<b>CONTACT NAME</b> <b>EXT./PHONE NUMBER/S</b> List <u>ALL</u> contact information including email, fax, cell, private line & optional contact person/s.	
<b>ONE TIME/ANNUAL EVENT</b>	
<b>NUMBER OF ATTENDEES</b>	
<b>DATE/S-TIME/S</b>	
<b>SPACE REQUESTED</b> Include alternatives if space is unavailable.	
<b>SERVICES REQUIRED FROM EVENTS/MARKETING</b> Provide a complete description of the resources you will provide & the ones you need. Include number of guests, space, table/s chairs, catering, special dietary needs, linens, flowers, signage, tents, utensils, security, maintenance, AV equipment, programs, speakers, host, volunteers, transportation etc.	
<b>REQUESTER DESCRIBE WHAT YOU WILL PROVIDE IE; MANPOWER, HANDOUTS INCLUDE QUANTITIES</b>	



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### **IMPORTANT NOTES:**

To insure first-class event implementation, please submit **SERF** as soon as possible preferably four to six weeks prior to the occasion to; Special Events Coordinator, Marla Thompson, Sport Health Science Bldg. Office 316, 770-426-2809, [marla.thompson@life.edu](mailto:marla.thompson@life.edu).