Event Information Form

Date: _____/_____/_____

Name: ____________________________________________

Event Name/Title: ___________________________________                   Date of Event: _____/_____/_____

Event Location/Room Number: __________________                                 Number of people/guests: _____________

Do you need a room reservation? □ Y     □ N (If yes, please visit the following web address: www.mynsmapps.uh.edu)

What is this event for? (Please provide a description of this event.)
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

What type of food would you like for this event? (BE ADVISED: A 72 hour prior notice is required for food events.)
_____________________________________________________________________________________

Please list any dietary restrictions: _________________________________________________________

What time would you like the food to arrive? ____:______ □ AM     □ PM

Will you be needing beverages? □ Yes (please choose from the following options) □ No

  □ Coffee:                                           □ Tea                                       □ Other:
      □ Creamer                              □ Water
      □ Sugar                                 □ Soda
      □ Stirring Rods                      □ Juices

Which of the following items will you need?

  □ Utensils: □ Spoons □ Forks □ Knives                   □ Serving Utensils: □ Tongs □ Spoons
  □ Plates: □ Dinner □ Dessert
  □ Bowls
  □ Cups
  □ Napkins

  □ Table(s) – How Many?  _________
  □ Ice: Qty________
  □ Other: ________________________________________

What is your food/beverage budget? _______________                    Cost Center: _______________

Event Requester’s Signature: ____________________________                      Approver’s Signature: ____________________________