Wright Museum Facilities Reservations
For Student Events

Please fill out this reservation form and return to Wright Museum (wrightmuseum@beloit.edu, 363-2097). This form does not replace the Master Calendar Form. This form is for facilities reservation only.

Event Date: _________________________

Facility Request (check all that apply)
___Logan Room  ___Courtyard  ___Kitchen  ___Studio

Do you need the Galleries to be open: _____Yes   _____No

Event: _______________________________

Description of event:

Hours needed (include set-up and clean-up): _____am/pm to _____am/pm

Events that span outside of the Museum hours require notification to Security. You are responsible for notifying Security when the event is done so the building can be locked. You must honor any signs notifying you that certain areas are locked and alarmed, entry into those areas is prohibited.

Sponsoring Department: _________________________________

Event Coordinator Contact Information:

Name: _______________________________________________________
Extension:  ____________________ Email:  ______________________

Notes:
 □ Student events are not allowed to have any alcohol.
 □ If you need AV services for your event, you must make arrangements with AV (363-2578).
 □ All events that span beyond Museum hours may require having an attendant present at all times. Please call Wright Museum (363-2097) to arrange for student workers for your event.
 □ The building must be left in the condition you found it in. All garbage and recycling must be taken out of the building and disposed of properly at the end of the event. If you are using the kitchen, it must be cleaned and all utensils cleaned and put away. Left-over food may not be stored in the kitchen. It will be thrown away. 
 □ Tables, chairs, podiums, etc. must be arranged through Physical Plant (363-2200).
 □ The kitchen is only to be used as staging for events. No cooking is allowed of any kind.
 □ A $50.00 deposit check is required, or your organization’s account number____________________. If the facilities are not returned to their proper state on the day following the event your deposit will not be returned, or your account will be charged accordingly.

__________________________
Department Head or Advisor Signature

_______________
Date

For Office Use Only

□ Master Calendar Form:
   ○ Filled out and signed
   ○ Copied
   ○ Returned to Public Relations
□ Attendants secured to work event
□ Reminder sent to attendants working the event
□ Security notified
□ Event placed on Master Calendar