

# APPLICATION FOR RESERVATION OF ALUMNI HOUSE

Event / Meeting Name: \_\_\_\_\_ Date(s): \_\_\_\_\_

Affiliation:  Campus Dept  CAA Member # \_\_\_\_\_  Alumni Group  Public

Person(s) in charge: \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Organization Name: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Facility Access from \_\_\_\_\_ to \_\_\_\_\_ Estimated Attendance: \_\_\_\_\_

|               |                        |                               |
|---------------|------------------------|-------------------------------|
| Event Time(s) | Toll Rm _____ to _____ | Bechtel Rm _____ to _____     |
|               | Sibley _____ to _____  | Presidents Rm _____ to _____  |
|               | Patio _____ to _____   | Sather Gate Rm _____ to _____ |
|               | Kitchen _____ to _____ |                               |

Will refreshments be served? Yes  No  Caterer: \*Alumni House  Professional  Other   
*\*Please specify quantity of items being provided by the Alumni House. Refer to the food section on the rental rates sheet*

If Alumni House, please check selections:  Bagels & Cream Cheese  Breakfast Tray  Cheese & Crackers for #of persons \_\_\_\_\_  
 Cookies  Fruit Tray  Snacks (chips, gold fish crackers, or pretzels)  Vegetable Tray Serving time(s) \_\_\_\_\_

Bottled Water  Coffee  Decaf  Tea  Half & Half  Hot Cocoa  Apple juice  Orange juice  Cranberry Juice  Soda  
Please indicate serving time(s): \_\_\_\_\_

Additional Notes for Refreshments: \_\_\_\_\_

If professional caterer, please give name & telephone \_\_\_\_\_ Serving time(s) \_\_\_\_\_

## Alumni House Equipment - indicate quantity where applicable:

|                             |                                       |                           |
|-----------------------------|---------------------------------------|---------------------------|
| A/V Cart _____              | Chairs (max. 190) _____               | Fireplace _____           |
| LCD Projector _____         | Round tables (max. 25) _____          | Internet connection _____ |
| Laptop _____                | 4' Rectangular tables (max. 2) _____  | Piano _____               |
| PA System _____             | 6' Rectangular tables (max. 13) _____ | Conference Phone _____    |
| Cordless Mic (max. 1) _____ | 8' Rectangular tables (max. 10) _____ | Easels _____              |
| Corded Mic (max. 3) _____   | Plastic tablecloth (#/color) _____    | Whiteboard _____          |
| Portable Screen _____       | Linen tablecloth (#/color)* _____     | Parking permit _____      |
| Pull Down Screen _____      | *Please allow two weeks notice        |                           |
| Podium/Microphone _____     |                                       |                           |

## Please specify room arrangement desired:

|   |   |
|---|---|
| <input type="checkbox"/> Living Room                          | <input type="checkbox"/> Partial Living Room, Partial Lecture |
| <input type="checkbox"/> Partial Living Room, Partial Banquet | <input type="checkbox"/> U-Shape                              |
| <input type="checkbox"/> Lecture                              | <input type="checkbox"/> Standing Reception                   |
| <input type="checkbox"/> Banquet with Rounds                  | <input type="checkbox"/> Other (please describe): _____       |

If you would like to talk about your event set up, please make an appointment with the Reservations Office.

Note: certain room arrangements may not work for all events. Requests for room arrangements and furniture are subject to facility approval.

Invoice to be sent to: \_\_\_\_\_

(Name/Department)

(e-mail) REQUIRED

(Address)

(Phone)

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Position in Organization \_\_\_\_\_

Return completed form to Alumni House reservations office. Fax # 510 642-6252 or reservations@alumni.berkeley.edu