

Wesley College - Reservations Office - Lower Level of College Center Room 15
120 N. State Street, Dover, DE 19901 (302) 736-2593 Email: reservations @wesley.edu

(EIF) Event Information Form 2019 -2020

Directions:

Please submit your completed EIF Form to the Reservations Office
Minimum 4 weeks before your event. Send it by email to:
reservations@wesley.edu or drop it off at the Reservations Office.
Do Not Advertise Your Event Until It Has Been Approved

Sponsoring Organization: _____

Name of Event: _____

Organization's contact person: (1 per event): _____

E-mail: _____

Phone Number: _____

Event date: _____

Start Time: _____

End Time: _____

Event Location: _____

Expected Number of People: _____

Have you reserved the room? Yes _____ No _____

Are you inviting outside guests to attend your event? If Yes,
Please list them on last page of this form or a separate sheet of paper.

Are you serving food?

If yes, Please attach the price quote from Aramark

Will you need a noise permit from the City of Dover for an outside event? __ Yes __ No
Did you fill out the forms?

*** Do you need tabling in CC Lobby? If Yes, when _____

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A Vendor is someone you are hiring and paying for services such as: entertainment, rentals of any kind, Exercise Instructor, Photographer, Artist, selling or providing items or amusements for students. Each Vendor must provide you with a contract, an invoice, a certificate of insurance (naming Wesley College as the additionally insured) and a W-9 tax form, so they can get paid.

***** Students must not sign any contracts.**

********* Have you included the relevant documents with this form?

Are you hiring a vendor?

If, yes- then include the vendor's contract, invoice and Certificate of Insurance (naming Wesley College as the additionally insured)

If the fee is \$499 and under you will also need to submit a Check Request

If the fee is \$500 and over you will also need to submit a Purchase Order

Have you reviewed your budget with the SGA? Students Affairs (for SAB)? ___ Yes ___ No

Has the SGA approved this event? Students Affairs (for SAB)? ___ Yes ___ No

*****Budget Account Number** _____

Total cost of this event: \$ _____

Do you want the check to be mailed to the vendor ___ Yes ___ No

Pick up the check ___ Yes I will pick up the check on

Is the event being advertised? (Yes) (No)

If yes, where?

Is the event being advertised on social media? ___ Yes ___ No

If yes, where?

Are there flyers for the event (flyer must be attached) ___ Yes ___ No

Has your advisor reviewed the event with you and signed off on it? ___ Yes ___ No

List of outside guests:

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*******Only completed EIF forms with all the necessary documents attached and signatures will be accepted for processing. If documents are missing, the forms will be returned to the event organizer.**

*******If your event is not completely approved 7 days before the event date, you may lose your room reservation.**

Approved By: Signatures needed before you turn the form over to Reservations Department

Signature of Event Coordinator: _____

Event Coordinator: Print name: _____

Date: _____

Required for Students only

Signature of Advisor: _____

Advisor: Print Name _____

Date: _____

Reservations Office use only

Received by Reservations on _____ Time Received _____

Event # _____

IT _____

Coach Wearden or Coach Short _____

Security _____

Director of Facilities _____

Tom Idnurm Date: _____

Aramark _____

SGA _____ Date _____

SGA Print Name: _____

Dennis E. Stark _____

V.P of Finance and Administration, Chief Financial Office

Date: _____