



**OSU URBAN ARTS SPACE** 50 W. Town St, Columbus OH 43215 · phone (614) 292-8861 · fax (614) 688-3446  
**Internal Request for Event Form**

Date Submitted : \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Department: \_\_\_\_\_ College: \_\_\_\_\_

Address: \_\_\_\_\_ street \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip code \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ OSU Email: \_\_\_\_\_ @osu.edu

I am a (check one):  Current Student, year: \_\_\_\_\_  
 Faculty Member  
 Staff Member

Event Name: \_\_\_\_\_

Brief Description: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Starting Date: \_\_\_\_\_ Starting Time: \_\_\_\_\_ Anticipated Number of Participants: \_\_\_\_\_

Ending Date: \_\_\_\_\_ Ending Time: \_\_\_\_\_ Contact for Event: \_\_\_\_\_

Participating Departments: \_\_\_\_\_

Special Needs (e.g. tables, chairs, technology) \_\_\_\_\_

Space Requested (Check all that apply):

- Upper Gallery  Conference Space  
 Lower Gallery  Kitchen

Do you want to serve alcohol at your event?

Yes No

Do you want to exhibit anything in conjunction with your event?

Yes No

The OSU UAS has a list of approved caterers that can be used in the facility. Please check this box if you would like to receive information about these options.

Requested by (signature and date): \_\_\_\_\_

**Please note that any events held outside regular gallery hours may require the requesting party to pay additional fees for use and security.**

Department Chair/Director (signature and date): \_\_\_\_\_

**Please fax completed forms to (614) 688-3446**

**Forms will be evaluated once per week**

For Office Use Only

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_ Reply to requestor: \_\_\_\_\_