

# RUDOLF STEINER COLLEGE

## Rental Request

For

Conferences, Workshops and Events

Submit to Caroline Stave Viemeister

For review by the Calendaring and Resource Committee

1. Committee convenes alternate weeks to evaluate requests. Requests must be submitted at least 60 days before the event under consideration.\* Please include any requests for an exception to this deadline, in writing, with this request for calendaring and resources.
2. You should receive a reply within ten days of our review of the request.
3. Provide as much detail as possible on the following pages. Indicate if certain details are still underdevelopment

We look forward to working together,

The Calendaring and Resource Committee

Today's Date: \_\_\_\_\_

Name of Event and brief description of its nature and content: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Event Planner/Point Person: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

For office use only

Contract # \_\_\_\_\_ Notes \_\_\_\_\_

## For Rudolf Steiner College Co-sponsored Events:

\*If this event requires marketing and publicity to ensure successful participation and attendance a lead time longer than 60 days is usually required. Requests for all such events will be evaluated in light of the time needed to create a successful event.

Co-Sponsored Event With: \_\_\_\_\_

For events co-sponsored with Rudolf Steiner College, please have the approving manager, or department head sign below before submission to the Calendaring and Resource Committee:

I have reviewed this calendar & resource request and I support the commitment of resources, if available.

Signature: \_\_\_\_\_

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

Rental

Is this event primarily for:  Adults  Family  Children

Name of Person Submitting This Form, If Different: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Requested Date(s): \_\_\_\_\_ Alternate Date(s): \_\_\_\_\_

\*If this is a series, please see below.

Schedule Attached:  Yes Is this schedule:  Draft or  Final

Please submit a *schedule and room request worksheet* with this request, if appropriate. (blank attached)

Anticipated Attendance: \_\_\_\_\_

(Please check all that apply)  Private  Public

**\*Series Details:** total number of occurrences: \_\_\_\_\_ Please provide your 1<sup>st</sup> choice of days/dates:

Day & Date: \_\_\_\_\_ Day & Date: \_\_\_\_\_

Day & Date: \_\_\_\_\_ Day & Date: \_\_\_\_\_

Day & Date: \_\_\_\_\_ Day & Date: \_\_\_\_\_

Day & Date: \_\_\_\_\_ Day & Date: \_\_\_\_\_

Day & Date: \_\_\_\_\_ Day & Date: \_\_\_\_\_

On the following sheets list your "master requests" for this series. If there are occurrences in the series that require exceptions or additions to the following "master request" please use the 'Workshop Series additional information' form.

**Requested Resources:**

**Campus Services:**

**Type of room(s) or space requested:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

Please explain if additional rooms are needed, or if there are any specific and/or unusual room needs:

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**Please indicate any or all of the following that may be needed for your event. (Please note that requests are subject to availability and additional fees may apply)**

- Flowers
- Audio or Visual equipment
- Chairs
- Piano
- Photocopying
- Table cloths or special linen
- Tables
- Other \_\_\_\_\_

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**Internal Use:**

◆ The above campus services request has been reviewed and considered

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

Comments: \_\_\_\_\_

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## Food & Beverage Request:

### Refreshments

**No Host:**

Clara's Counter open to sell beverages and snacks directly to guests.

(Minimum event attendance is 40 people for Clara's Counter to open)

Early Morning                      dates: \_\_\_\_\_

Mid Morning                            dates: \_\_\_\_\_

Afternoon                                dates: \_\_\_\_\_

Evening                                    dates: \_\_\_\_\_

**Catered:** Event organizer orders and pre-pays for refreshment services.

Refreshments may be served from Clara's Counter or in difference location, to be determined.

(Minimum \$80 or 20 guests)

Early Morning                      dates: \_\_\_\_\_

beverage only                       beverage and snack

Mid Morning                            dates: \_\_\_\_\_

beverage only                       beverage and snack

Afternoon                                dates: \_\_\_\_\_

beverage only                       beverage and snack                       Reception

Evening                                    dates: \_\_\_\_\_

beverage only                       beverage and snack                       Reception

### Internal Use:

◆ The above food & beverage request has been reviewed and considered

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

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Housing Needs/Requests:

Will your event participants require housing?  Yes  No

How many individuals may require housing? \_\_\_\_\_

There are 3 types of housing which **may** be available for your event. Please rank in order of preference:

On Campus Dorms  Local Hotels (Rudolf Steiner College rates offered)

Local Community Private Homes (some restrictions apply)

### Internal Use:

◆ The above housing request has been reviewed and considered

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

Comments: \_\_\_\_\_

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## Registration & Advanced Ticket Sales:

### Advanced Ticket Sales

If this event is a performance, play, recital or single lectures, will advanced ticket sales be offered?

Yes  No

Please check all that apply:

Event organizer will sell tickets

Request Rudolf Steiner College Bookstore to sell advanced tickets

Tickets will be sold at other outlets (please list): \_\_\_\_\_

### Registration:

Would you like to contract with Rudolf Steiner College for registration support?  Yes  No

If this event is a conference, workshop or other event requiring registration, please check all that apply

How will event participants register for the event? (Check all that apply)

Pre-Registration  Register at the door  Other-explain \_\_\_\_\_

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Is there a participant fee for the event?  Yes How much? \_\_\_\_\_

Can participants enroll for a portion of the event?

Portion: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

**Internal Use:**

◆ The above registration & advanced ticket sales request has been reviewed and considered

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

Comments: \_\_\_\_\_

**For Co-Sponsored Events Marketing Support:**

Please contact our Marketing Office at [marketing@steinercollege.edu](mailto:marketing@steinercollege.edu)

◆ The above marketing request has been reviewed and considered

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

Comments: \_\_\_\_\_

Thank you.

Please return completed forms to:

Caroline Stave Viemeister

[Caroline.stave@steinercollege.edu](mailto:Caroline.stave@steinercollege.edu) or fax to 916.961.8731

9200 Fair Oaks Blvd. Fair Oaks, CA 95628