



WILLIAM PATERSON UNIVERSITY
RENTAL REQUEST FORM

DATE OF APPLICATION: _____

NAME OF ORGANIZATION: _____

CONTACT PERSON: _____

EMAIL ADDRESS: _____

TITLE OF EVENT: _____

STREET: _____

CITY: _____ STATE: _____ ZIPCODE: _____

PHONE: _____ FAX: _____

WEBSITE: _____

REQUESTED SPACE: _____

Table with 3 columns: DATE(s), EVENT START TIME(s), EVENT END TIME(s). Contains three empty rows for data entry.

TYPE OF PROGRAM: _____
(CONFERENCE, MEETING, DANCE, SOCIAL, ATHLETIC EVENT, ETC.)

PLEASE GIVE COMPLETE DETAILS ON PROGRAM:

Misrepresentation of the type of event or failure to fully disclose pertinent details regarding the event may result in additional charges or denial of facility use.

ESTIMATED ATTENDANCE:

FOOD SERVICES Yes No

AUDIO / VISUAL SERVICES Yes No

TYPE OF SETUP:

(CONFERENCE SQUARE, THEATER, U-SHAPE, ETC.) DIAGRAM ATTACHED: Yes No

INSURANCE CERTIFICATE ATTACHED: Yes No (INSURANCE CERTIFICATE IS MANDATORY) If no, then you must send it by the date listed on your contract which will be mailed to you at a later date. Click here for insurance requirements.

*We will do our best to help find a space for your preferred dates, however based on availability we may contact you with other options.

*Please email the completed form to:

Email: veneziav@wpunj.edu
Phone: (973) - 720 - 2456

CLICK HERE TO TOUR THE UNIVERSITY COMMONS