



Office of Scheduling Coordinator  
Keene State College

Student Center  
229 Main Street, Keene, NH 03435-3003  
603-358-2323

Arts Center Scheduling X2167 MS2401 Gym Scheduling X2814 MS2301  
Thorne-Sagendorph Art Gallery X2731 MS3501

ALL KEENE STATE COLLEGE FACILITIES ARE NOT OFFICIALLY SCHEDULED UNTIL THE ASSIGNMENT IS APPROVED IN WRITING BY THE APPROPRIATE SCHEDULING OFFICE and YELLOW CONFIRMATION COPY HAS BEEN SENT TO YOU.

SCHEDULING FORM

PART I

- 1. Facility desired: \_\_\_\_\_
- 2. Organization Name: \_\_\_\_\_
- 3. Event Title: \_\_\_\_\_  
Description: \_\_\_\_\_
- 4. Day and Date of Event: \_\_\_\_\_
- 5. Time Facility Needed: From \_\_\_\_\_ to \_\_\_\_\_ (include total set-up and clean-up time)
- 6. Time of Event: Start \_\_\_\_\_ End \_\_\_\_\_ 7. Approximate number of people attending: \_\_\_\_\_
- 8. Alcohol served or sold? Yes \_\_\_\_\_ No \_\_\_\_\_ 9. Food served or sold? Yes \_\_\_\_\_ No \_\_\_\_\_ 10. Guest Speaker? Yes \_\_\_\_\_ No \_\_\_\_\_
- 11. Admission Charge? Yes \_\_\_\_\_ No \_\_\_\_\_ 12. Parking Needs? Yes \_\_\_\_\_ No \_\_\_\_\_ 12. Campus Safety & Security Needs? Yes \_\_\_\_\_ No \_\_\_\_\_
- 14. Special Equipment or Arrangements Needed? \_\_\_\_\_

(Audio-Visual Equipment must be obtained from the Help Desk, 358-2532)

- 15. Organizers or sponsors of events using KSC facilities are responsible for providing reasonable accommodations for individuals with disabilities who request them. **Publicity for events must include the following statement:** *In order to request accommodations for a disability, please contact (Name of event organizer, department, telephone) at least 2 weeks prior to the event.*
- 16. As a representative of the above group, I \_\_\_\_\_  
(Address) \_\_\_\_\_

(Office Phone) \_\_\_\_\_ (Home Phone) \_\_\_\_\_ E-MAIL \_\_\_\_\_

**hereby assume full responsibility for any and all extra expenses and/or damages arising from this event. I UNDERSTAND THAT I AM RESPONSIBLE TO CLEAN UP DEBRIS AND REARRANGE FURNITURE IMMEDIATELY AFTER THIS EVENT, AND THAT THE USE OF THIS SPACE/FACILITY WILL COMPLY WITH ALL KSC POLICIES AND PROCEDURES.** In scheduling this event I do hereby agree: (A) to assume all risks and responsibilities involved in THIS EVENT B) for myself and my heirs, to release and hold harmless Keene State College, its trustees, officers, agents and employees from and against all claims, demands, actions, and causes of action for damages I may have due to personal injury, death, or property damage, whether or not the result of negligent acts or omissions on the part of Keene State College or any of its trustees, officers, agents and employees, arising from my use of the facility; C) to defend, indemnify, and hold harmless the Keene State College, its trustees, officers, agents and employees, from and against all claims, demands, actions and causes of action for damages sustained or incurred by anyone other than me due to personal injury, property damage or death, whether or not result of negligent acts or omissions on the part of Keene State College and of its trustees, officers and employees, arising from my participation in this event; and D) to reimburse the College for any damage to the property of Keene State College caused by use of this facility.

- 17. Requester's Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_
- 18. Advisor's Signature (If Student Organization): \_\_\_\_\_  
Submit scheduling form to the Scheduling Office, Student Center, third floor (Arts Center scheduling to Arts Center Scheduling, and Spaulding Gymnasium to Gym Scheduling) a minimum of 7 days in advance.

PART II (Office Use Only)

- 1. Space Assignment: \_\_\_\_\_ 2. Facility Usage Fee: \_\_\_\_\_
- 3. Date(s): \_\_\_\_\_ 4. Time(s): \_\_\_\_\_
- 5. USER MUST CONTACT: \_\_\_\_\_ MRO# \_\_\_\_\_
- 6. Comments: \_\_\_\_\_

- 7. Building Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_
- 8. Scheduling Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SCHEDULING REQUESTS SHOULD BE RECEIVED IN WRITING AT THE OFFICE INDICATED ABOVE A MINIMUM OF SEVEN (7) DAYS IN ADVANCE. GROUPS THAT ARE CHARGED A FEE ARE REQUIRED TO PAY THAT FEE IN ADVANCE.

\*\*\* PLEASE CARRY YOUR YELLOW CONFIRMING COPY OF THIS FORM TO THE EVENT \*\*\*

Do not remove copies before submission for approval.