School of Hotel, Restaurant and Tourism Management Facility Use Request Form

100 WEST CAFÉ

Gerald Thomas Hall, Room 100W

Requested Date of Event	Requested Set-up Time Requested Time of Event	am/pm am/pm to	am/pm
Name of Group/Department (Sponsor):			um/pm
Contact Person:			
Address			
Phone Fax	E-Mail		
Onsite Event Contact:	Phone		
Describe the nature or purpose of the event:			
Number of attendees: (Room maximum: seated 72, theater style or standing	100, dependent on NMSU/NM public	health guidelines	at time of event)
	e Classroom Seating p Tables Reception (n		
Will food and/or beverages be served?Yes If yes, who will be providing the catering? Please describe the type of food and beverages to (ie. buffet, plated dinner, hors d'oeuvres, non-ale	o be served and the style of service	1	
Note: Sponsor must provide their own linens or order linens for an event.	rent them from HRTM. Ten days n	otice is required	for HRTM to
Procedures	for Events with Alcohol Service		
Will alcohol be requested for this event?Y Type of alcohol requested: BeerY	Yes No		
(Certified alcohol servers are required by state la Certified servers must bring their certification ca make a copy of it. On the day of the event, certifi on their person. By signing this form, we understand that all a purchased from the School of Hotel, Restaura building). We also understand that any alcoho possession of the School of Hotel, Restaurant Thomas Hall. All pricing for alcohol purchase alcohol must be submitted three weeks prior to ordered in time for the event.	ard along with the state issued ID to fied servers must have their alcohol alcohol consumed within Gerald ant and Tourism Management (n ol that is purchased but not consu and Tourism Management and c es will be determined by the HRT to the event in order to have even	l certification and Fhomas Hall m o outside alcoho umed must rem cannot be remov IM Director. Ev at approved and	d state issued ID ust be ol allowed in this ain in the ved from Gerald vents requesting l alcohol
Sponsor agrees to ensure that all attendees wi mask use, and other public health policies ap of names, email addresses, and phone number guidelines for proper service and consumptio	plicable at the time of the event. S rs for all attendees. Sponsor agre	Sponsor agrees es to follow all l	to provide a list
100 West Café Room Rental Rate (see accompar Sponsor agrees to: provide any technology need original position, clean up as necessary, repair of direct result of the event. If the room is not clear	ed other than computer and project r replacement any damages or loss	es to the 100 We	
Signature of Sponsor	Date Index Num	lber	
TO BE COMPLETED BY HRTM: Jean Hertzman, Director Approved:	Disapproved:	_ Date:	
Return form to Andres Sanchez at ams1112@nm	nsu.edu Fax: 646-8100 MSC 31	HRTM Phone:	575-646-7324
D 0/2024			