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

100 WEST CAFÉ

Gerald Thomas Hall, Room 100W

	Requested Set-up Time	am/pm	
Requested Date of Event	Requested Time of Event	am/pm to	am/pm
Name of Group/Department (Sponsor):			
Contact Person:			
Address Phone Fax Onsite Event Contact:			
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	ng 100, dependent on NMSU/NM public	health guidelines	at time of event)
	yle Classroom Seating op Tables Reception (n		
Will food and/or beverages be served?Y If yes, who will be providing the catering?			
Please describe the type of food and beverages (ie. buffet, plated dinner, hors d'oeuvres, non-a			
Note: Sponsor must provide their own linens o order linens for an event.	r rent them from HRTM. Ten days n	otice is required	for HRTM to
Procedure	s for Events with Alcohol Service		
Will alcohol be requested for this event? Beer	Yes No Liquor/Mixed Drinks		
Certified Servers Provided By:			
(Certified alcohol servers are required by state Certified servers must bring their certification make a copy of it. On the day of the event, cert	card along with the state issued ID to		
on their person. By signing this form, we understand that all purchased from the School of Hotel, Restaus building). We also understand that any alcopossession of the School of Hotel, Restauran Thomas Hall. All pricing for alcohol purcha alcohol must be submitted three weeks prior ordered in time for the event.	rant and Tourism Management (n hol that is purchased but not consi t and Tourism Management and c ses will be determined by the HRT r to the event in order to have even	o outside alcoho umed must rem annot be remov IM Director. Ev	ol allowed in this ain in the yed from Gerald yents requesting
Sponsor agrees to ensure that all attendees v mask use, and other public health policies a of names, email addresses, and phone numb guidelines for proper service and consumpti	pplicable at the time of the event. Seers for all attendees. Sponsor agre	Sponsor agrees es to follow all l	to provide a list
100 West Café Room Rental Rate (see accomp Sponsor agrees to: provide any technology nee original position, clean up as necessary, repair direct result of the event. If the room is not cle	ded other than computer and project or replacement any damages or losse	es to the 100 We	
Signature of Sponsor	Date Index Num	ber	
TO BE COMPLETED BY HRTM:			
	Disapproved:	Date:	
Return form to Dustie Beavers dbeavers@nm	su.edu Fax: 646-8100 MSC 3HI	RTM Phone: 5	75-646-7324

Rev: 5/2021