BOBBY LEE LAWRENCE ACADEMY OF WINE

	Gerald In	iomas Hall, Roon	n 140		
Requested Date of Event		Requested Set-u Requested Time		_am/pm _am/pm to	am/pm
Name of Group/Department (Sp Contact Person:					
Address Phone	 For	E Mail			
Phone 1 Onsite Event Contact: 1	Fax	E-Maii Phone			<u></u>
Describe the nature or purpose	of the event:				
Number of attendees: (Room maximum: seated 40, stand	ing 76, dependent on N	NMSU/NM public he	alth guidelines a	t time of event)	
Desired room layout:	Theater Style Reception (no s	Classroon eating, includes 2 h	n Seating nigh-top round	tables)	unds of 6 or 8
Will food and/or beverages be s If yes, who will be providing th	e catering?				
Please describe the type of food (ie. buffet, plated dinner, hors d			le of service		
Note: Sponsor must provide the order linens for an event.	ir own linens or rent	t them from HRTM	I. Ten days not	tice is required	for HRTM to
	Procedures for	Events with Alcol	nol Service		
Will alcohol be requested for th Type of alcohol requested:	is event? Yes	No			
Certified Servers Provided By: (Certified alcohol servers are re Certified servers must bring the make a copy of it. On the day o	equired by state law a pir certification card a	along with the state	issued ID to I		
on their person. By signing this form, we under purchased from the School of building). We also understand possession of the School of Ho Thomas Hall. All pricing for a alcohol must be submitted the ordered in time for the event.	Hotel, Restaurant I that any alcohol the otel, Restaurant and alcohol purchases w ree weeks prior to the	and Tourism Mar hat is purchased b l Tourism Manag vill be determined	agement (no out not consur ement and car by the HRTM	outside alcoho ned must rema nnot be remov A Director. Ev	l allowed in this ain in the ed from Gerald ents requesting
Sponsor agrees to ensure that mask use, and other public he of names, email addresses, an guidelines for proper service a	ealth policies applic d phone numbers f	able at the time of or all attendees. S	the event. Sp ponsor agrees	onsor agrees t to follow all N	o provide a list
BLLAW Room Rental Rate (se Sponsor agrees to: provide any returned to original position, cle direct result of the event. If the	technology needed of ean up as necessary,	other than computed repair or replacement	ent any damag	es or losses to t	
Signature of Sponsor		_Date	Index Numb	er	
TO BE COMPLETED BY HR					
Jean Hertzman, Director	Approved:	Disappi	oved:	Date:	
Return form to Dustie Beavers,	dbeavers@nmsu.ed	u Fax: 646-8100	MSC 3HRT	M Phone: $\overline{57}$	5-646-7324