



GALLERY SPACE EVENT USAGE REQUEST FORM

Event Date: _____ **Set-Up Time:** _____ **Event Start Time:** _____ **Event End Time:** _____ **Wrap Time** _____

Event Name: _____ **Number of Guests:** _____

Single Event or Multiple Days/Nights: _____

Details: (For the best event pre-planning and production please provide a detailed plan and desired schedule for specific times and aspects of your event).

Client(s)/ Corporation: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Contact: _____ **Company:** _____

Email Address: _____ **Phone Number:** _____

PLEASE RETURN COMPLETED REQUEST FORM TO HALEY FINNEGAN AT HBS131@PSU.EDU