



PROJECT, EVENT, AND FACILITY REQUEST FORM

EVENT NAME & DESCRIPTION (ex: service project, awards ceremony, sponsored bingo, cookout, etc.): _____

EVENT SET-UP TIME: _____

EVENT START TIME: _____

EVENT TEAR DOWN BY: _____

EVENT END TIME: _____

EXPECTED NUMBER OF PARTICIPANTS/EXPECTED NUMBER IN ATTENDANCE: _____

EVENT DATE(S) REQUESTED (please list additional dates, in case of conflicts):

_____/_____/_____/_____/_____/_____

PREFERRED LOCATION (please check one):

- MacArthur Auditorium/Lobby
- Shelter House (Inner Circle)
- Mitchell Cafeteria
- Cemetery
- Chapel
- Other: _____
- No Preference

FOOD/DRINK (please check all that apply):

- Group will provide food/drink for event; Description: _____
- Requesting IVH to provide food/drink for event; Description: _____
- No food/drink needed at this event.

TECHNOLOGY/EQUIPMENT REQUESTS (please check all that apply):

- Projector/Projection Screen
- Sound equipment
- Electricity accessible
- Microphone(s)
- Podium
- Chairs
- Tables
- Grill
- Other: _____

ROOM CONFIGURATION/SET-UP (please briefly sketch or describe preferred space layout. If no preference, please write "no preference"):



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POINT OF CONTACT NAME: _____

ORGANIZATION(S) (please specify post #/location): _____

EMAIL: _____ PHONE: _____

WILL YOUR EVENT REQUIRE R.S.V.'S OR RESERVED SEATING? _____

WILL YOUR EVENT BE OPEN TO THE PUBLIC? _____

WILL RESIDENTS/STAFF OF IVH BE INVITED TO YOUR EVENT (please specify if all or particular group)?:

ANY ADDITIONAL NEEDS? (please check all that apply):

Requesting Media/Press release (if so, specify media channels?): _____

Requesting Event Promotion (circle all that apply): email blasts / social media platforms / flyers

Requesting Photography

Other: _____

PLEASE LIST ANY OTHER INFORMATION THAT WILL HELP US IN SCHEDULING AND PLANNING YOUR EVENT (if your group will be responsible for the press release, please state your media plan: what channels/sources it will be released to, etc...):



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BY COMPLETING AND SUBMITTING THIS FORM YOU AGREE TO:

- All request forms must be submitted 4 weeks prior to event.
- Allow 3-5 business days for processing/approval of event.
- Allow at least 2 weeks for graphic design.
- Please send unformatted written text for the creation of publications, programs, graphics, and other marketing/event materials.
- Allow at least 4 weeks for proper event promotion.
- Only approved events/activities are eligible for promotion.
- All request forms/dates will be handled on first come, first serve basis, unless otherwise authorized by leadership.
- All proposed content is required and must be provided by person/group requesting project/event/facility upon submission.
- Staff will edit your document(s) for overall wording, style, grammar, and IVH's graphics and branding standards policies.
- Carefully proofread your document during the production process; as the client, you are responsible for proofing and reading all submitted documents to ensure they are correct; you share responsibility for the quality of the final product.
- If IVH logo is used, The Indiana Veterans' Home is responsible for printing, unless other arrangements are made.
- All materials with IVH logo requires written approval prior to use and distribution.
- Submission of form does not imply approval of event.
- IVH is a non-smoking campus. Smoking is only allowed in designated areas.
- Clean up post-event and incur any cost due to damages.

I HEREBY ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND AGREE TO THE TERMS OF THIS DOCUMENT.

SIGNATURE: _____ DATE: _____

EMAIL ADDRESS(ES) TO RECEIVE CONFIRMATION: _____

ONCE COMPLETED AND SIGNED, SUBMIT THIS FORM TO: IVHEVENTS@IVH.IN.GOV

-OFFICE USE ONLY-

DATE RECEIVED: _____

DATE EVENT APPROVED: _____

RECEIVED BY: _____

PLANNING MEETING: _____