

## CBU Facility/Equipment Request Form

### Please Note Before Submitting a Request:

- Submission of this request form does **NOT** guarantee a reservation for the requested facility or equipment.
- The request form must provide event details (equipment, date, time, number of guests) of the event to be reviewed and scheduled.
- Request forms with minimal details **will not** be accepted or processed.
- Event & Equipment only requests must be submitted a **minimum of ten (10) business days prior to the requested event date.**
- Location only (classroom) requests must be submitted a **minimum of five (5) business days prior to the requested event date.**
- Co-sponsored Requests involving external organizations must be submitted thirty (30) business days prior to the requested event date and must be accompanied by a Request for Co-Sponsorship form with the required Dean and VP signatures.
- Student events must be approved and signed by a department supervisor prior to submission of the form.
- **Club** events must be **approved by Community Life and the club advisor** prior to submission of the form.
- If you have not received notice regarding the status of your event after one (1) week, please contact our office at 951-343-4374.
- All events involving **fundraising** must submit a Department Fundraiser Request Form to **University Advancement for approval.**
- All events involving **food and/or beverage** service in a public area on campus must be coordinated through **Provider Food Services.**
- C&E reserves the right to adjust pre-meetings, post-meetings, set-up times and tear-down times.
- Updates including changes to location or equipment, or cancellations, must be submitted a **minimum of five (5) business days prior** and provided in writing to [conferencesandevents@calbaptist.edu](mailto:conferencesandevents@calbaptist.edu)

### Request Details:

Today's Date: 01 OCTOBER 2025

☒ Location & Equipment ☒ Location Only ☐ Equipment Only ☐ Camp Food/Beverages Served: ☐ Provider ☐ Other ☒ None

Day and Date(s) of Event: Friday October 17th, 2025 Name of the Event: MEET THE BOARD

Start Time: 6:00 PM End Time: 7:30 PM Set-Up By: 5:30 PM Start Tear-down at: 7:00 PM

Location(s) Requested (order of preference): PBLD 123, 124, or 125 / Yeager A113 Est. Attendance: AM

If picking up equipment: Pick Up Date: Pick Up Time: AM Return Date: Return Time: AM

Person Submitting Request: Herson Rivera Email: Herson.Rivera@calbaptist.edu Phone: 661-208-1142

Persons permitted to make changes/cancel: DR. ROTH, ERICA

Department/School: If Co-Sponsored Event, Name of Organization:

Is this event a CBU Club Event? ☒ Yes ☐ No If CBU Club Event, Name of the CBU Club: Forensic Psychology Club

#### Equipment Request

- ☐ Tables # 6' Rectangle # High Top Tables  
# 60" Round # 72" Round
- ☐ Chairs # Room Specific (Innovators/Staples)  
# Blue Chair # White Chair
- ☐ Lectern
- ☐ Light Tower # \*\$80.00 each (stadium lights)
- ☐ Pipe and Drape (For indoor use only)
- ☐ EZ Up # Blue # CBU Branded White
- ☐ Other: \_\_\_\_\_

#### Signage

Please note that day of signage will be placed out no earlier than (2) hours before an event start time.

# Directional Signs (legal size sign 8.5"x14" with sign holder)

Signage Placement: \_\_\_\_\_

Signs to Read: \_\_\_\_\_

# Sign Holder Only

# Sandwich boards Only (Please work with Print and copy for signage)

#### Audio Visual Request

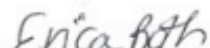
- ☒ Built In system (varies on assigned room)
- ☐ A/V Technician
- ☒ Temporary projector & screen
- ☒ Mics  
# Handheld # Lapel #
- ☐ Speakers #
- ☐ Aux Cord/Headphone Jack
- ☐ Stage
- ☐ Stage/Accent Lighting
- ☒ Video Conferencing (WebEx or Zoom)
- ☐ Other: \_\_\_\_\_

#### Additional Event Details

Please provide additional details regarding your request such as special performances, stage size, external food, or attraction vendors, and/or equipment that you are setting up.

### Requestor Authorizing Signature

Dean/Dept. Director/Supervisor/Chair:



Print Name



Signature

10/1/25

Date

x8146

Extension/Phone#

### C&E OFFICE USE ONLY

SCH By: Date: \_\_\_\_\_

Reservation # \_\_\_\_\_

DC By: Date: \_\_\_\_\_

FC & Confirmation to Client: \_\_\_\_\_

Map Scanned & Filed: \_\_\_\_\_

AV Consult: \_\_\_\_\_

WebTMA: \_\_\_\_\_

BT Spreadsheet: \_\_\_\_\_

Additional Approval Received: \_\_\_\_\_

Club Approval Received: \_\_\_\_\_

FOAP: \_\_\_\_\_

Notes: \_\_\_\_\_