



Reservation Request Form for Special Events and Catering

EVENT INFORMATION

Name of Event _____

Type of Event _____
(Awards, social, business)

Number of Guests _____

Requested Room _____

Requested Event Date _____

What is your event timeline? *(Please indicate times below)*

Hostess/Host Arrival: _____ Guest Arrival/Event Start: _____

Dine Start: _____ Event End: _____

Any additional times: _____

RESERVATION INFORMATION

Contact Name _____

Billing Contact Name _____

Method of Payment _____

Email Address _____

Telephone Number _____ Fax Number _____

Please note: Event space is **NOT** reserved until receipt of this completed form is acknowledged by the UK Athletics Hospitality staff and availability of space is confirmed.

_____/we certify that I have read and agree to the University of Kentucky Athletics Hospitality policies and procedures posted on the website at www.ukahonline.com.

Signature of Contact Person _____ Date _____

Signature of Department Approving Official _____ Date _____

Rooms based on availability and first come, first served basis. Responses will be given within 2 business days of your request. Please contact Elizabeth Briggs, Assistant AD for Premium Seating, Hospitality, & Events, at Elizabeth.Briggs@uky.edu or 859.257.1757.

Please be sure to complete pages 2 & 3 of this form...



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CATERING INFORMATION

1. What type of menu and service style is needed for this event? *(Please check all that apply)*

| | | | |
|-----------------|-------|-----------------------|-------|
| Breakfast: | _____ | Plated: | _____ |
| Lunch: | _____ | Buffet: | _____ |
| Dinner: | _____ | Reception: | _____ |
| Hors D'oeuvres: | _____ | Dietary Restrictions: | _____ |

(All menus available online at www.ukahonline.com.)

2. Do you have guests with special dietary needs? *(Please note the number of each)*

Vegetarian: _____ Vegan: _____ Gluten Free: _____ Other: _____

3. What color linens would you like? *(Specialty table clothes will incur a charge.)*

4. What color napkins would you like? *(Specialty table clothes will incur a charge.)*

5. Would you like china and silverware or plastic plates and utensils? *(Glassware and china will incur a charge.)*

6. Would you like to have bar service? **Host Bar** (you pay) or **Cash Bar** (guests pay)

7. Would you like glassware or plastic cups? *(Glassware and china will incur a charge.)*

8. Any other special requests?

Please be sure to complete page 3 of this form...



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EVENT SET UP & PARKING INFORMATION

How would you like the room set? *(Please select all that apply)*

Game Day*: _____ Rounds (8 per table): _____ Rounds (6 per table): _____

Classroom Style: _____ Open "U": _____ Open Square: _____

Conference Style: _____ Theatre style: _____ Other: _____

Do you require the following? *(Please check all that apply)*

Podium: _____ Staging: _____ Music: _____

Additional Notes: _____

* Game Day style set up requires no additional tables and chairs.

Please provide an estimate of the number of people who will need parking:

AUDIO/VISUAL & IT INFORMATION

Do you require the following? *(Please check all that apply)*

Microphone: _____ Projector: _____ TV Use: _____

Video Content

Required File Format: .mp4 (h.264) is highly preferred for complete functionality. Other functional formats include: .mpg, .mp4 and .wmv.

Required File Size: <1.5 GB

Required Resolution: 1920x1080 (any other content resolution will display incorrectly)

Photo Content

Required File Format: .jpg or .png is highly preferred for complete functionality. Other functional formats include: .bmp and .gif. (.jpeg and .tiff will not upload).

Required Resolution: 1920x1080 (any other content resolution will display incorrectly)

Any other special requests?

OTHER

Will there be a guest of honor in attendance or any VIP attendees requiring special care?