UK Departmental Reservation Request Form For Special Events and Catering

Boone Center Phone: (859) 257-1133 Fax: (859) 257-3568

Linda Russell, Special Events Coordinator linda.russell@uky.edu
Rachel Norris, Special Events Assistant rachel.norris@uky.edu

UK Departmental Information: *All Fields Must Be Completed

UK Department/Unit Name: ____________________________________________
Hilary J. Boone Center Departmental Membership #: ______________________
Booking/Billing Contact (please print): ________________________________
Name on Procard To Be Billed: ________________________________________
Email Address: ______________________________________________________
Phone #: __________________________________ Fax #: ____________________

**PLEASE NOTE: EVENT SPACE IS NOT RESERVED UNTIL RECEIPT OF THIS COMPLETED FORM IS ACKNOWLEDGED BY BOONE CENTER STAFF AND AVAILABILITY OF SPACE IS CONFIRMED.**

Event Information Required:

Number of Guests: __________________ Requested Room(s): ______________
Requested Event Date: __________ Event Start Time: __________ Event End Time: __________

I/we certify that this event is an official business function of the University of Kentucky and understand that all services must be paid by a University Issued Procurement Card (ProCard). I/we further understand that it is our department’s responsibility to edit the Proc card transaction as per the University of Kentucky Discretionary Spending Policy. The policy is available via www.uky.edu/evpfa/controller/files/dispolicy.pdf. I/we certify that I have read and agree to the Hilary J. Boone Center’s Special Event Policies and Procedures posted on the website at http://boonecenter.uky.edu

Signature of Contact Person: __________________ Date: __________
Signature of Department Approving Official: __________________ Date: __________

*Rooms based on availability and on a first come, first serve basis. Responses will be given within 2 business days of your request. Please contact Linda Russell, Special Events Coordinator at linda.russell@uky.edu and 859-257-3288 or Rachel Norris, Special Events Assistant, at rachel.norris@uky.edu and 859-257-9066.

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500 Rose Street * Lexington, KY 40506-0014 * 859-257-1133 * Fax 859-257-3568 * www.uky.edu/BooneCenter/
1. What is the nature of the event? Awards, social, business?
________________________________________________________________________________

2. What event name will your guests be asking for upon arrival at the Boone Center?
________________________________________________________________________________

3. What is your event timeline? (Please indicate times below)
   Host/Hostess Arrival:_________________ Host/Hostess Name:________________________
   Guest Arrival/Event Start:_____________
   Event End:_________ Dining Times:___________________________________________________
   Any additional timeline information:__________________________________________________________________________

4. 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:______
   *All Menus Available Online at http://boonecenter.uky.edu

5. Do you have guests with special dietary needs and how many?
   Vegetarian:________ Vegan:________ Gluten Free:_______ Other:________________________

6. Any other special Requests (Please check all that apply)  Presentation Capability_____ IT Services:_______
   BC Laptop for Presentation ($75 fee):______ Podium:_____ Other (Please Specify):____________________

7. What color napkins would you like?  Lap length Ivory linens included—specialty linen may incur an additional charge.
   __________________________________________________________________________________________

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

9. Will there be a guest of honor or VIP requiring special care? If so, who?
   __________________________________________________________________________________________

10. Please provide an estimate on the number of vehicles that will need parking at the Boone Center.
    __________________________________________________________________________________________