



# Seton Hall University

## Galleon Lobby Vendor Table Reservation Form

### Bishop Dougherty University Center

PLEASE PRINT ALL INFORMATION

Applicant's Name: \_\_\_\_\_

Company or Student Club/Organization: \_\_\_\_\_

Student Club/Organization Advisor: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### **Table Information:**

Date(s) \_\_\_\_\_

Day(s) of the Week: Mon Tues Wed Thurs Fri

Start Time \_\_\_\_\_

End Time \_\_\_\_\_

Description/Items you will be selling/displaying/distributing: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By signing this form, I acknowledge that I understand and agree to the terms that the Department for Community Development has indicated on the back of this form and the University Standards explained in the Student handbook. If I fail to meet or comply with the above provisions and regulations, I understand that I may forfeit the opportunity to rent and/or reserve a table at Seton Hall University.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please print name: \_\_\_\_\_

#### **Department of Community Development Use Only**

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Approved Dates: \_\_\_\_\_

Community Development Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Please return completed Form by fax to: 973-761-9046, or by mail to:  
Seton Hall University / University Center #107 / 400 South Orange Ave / South Orange, NJ 07079*