



# ROOM RESERVATION FORM

Date received _____
Web ID# _____

*Completed form must be submitted to Office of Campus Life Reservations at least 14 days in advance.*

## FORM RESERVES SPACE, DOES NOT APPROVE EVENT.

Sponsoring Organization/Department: \_\_\_\_\_

Person responsible for event: \_\_\_\_\_ Phone: \_\_\_\_\_

Local mailing address \_\_\_\_\_ E-mail address: \_\_\_\_\_

Area/Room Requested	Day (of week)	Date (s) (mm/dd/yy)			Event Time				Time Room Reserved (includes set up and take down)			
		Month	Day	Year	From:	(circle)	To:	(circle)	From:	(circle)	To:	(circle)
						am/pm		am/pm		am/pm		am/pm
						am/pm		am/pm		am/pm		am/pm
						am/pm		am/pm		am/pm		am/pm
						am/pm		am/pm		am/pm		am/pm
						am/pm		am/pm		am/pm		am/pm

Description of event as it should appear on the Web Event Calendar: \_\_\_\_\_

Name of speaker/artist/film/band/lecture: \_\_\_\_\_

Food/Beverage Yes \_\_\_ No \_\_\_ Admission charge amount, if applicable: \$ \_\_\_\_\_ Estimated attendance: \_\_\_\_\_

EVENT FORM REQUIRED: YES \_\_\_ NO \_\_\_ IF YES, SUBMIT EVENT FORM TO RESERVATIONS FOR APPROVAL.

Additional details/special requirements listed here. Separate diagram attached for room set-up.  
*(Type set-up information below or print form & draw set-up.)*

Equipment requested: Sponsor is liable for loss and/or damage to furniture or equipment.

Room as is. _____	Microphone(s) _____
# Chairs _____	Overhead _____
# tables, 6' _____	Screen _____
# Tables, Round _____	Laptop _____
# Podium(s) _____	LCD Projector _____
# Risers, 8" _____	TV _____
w/stairs 16" _____	VCR/DVD _____
w/stairs 32" _____	CD Player _____
# Trash barrels _____	Dividers _____
# White sign stands _____	Easel _____
# Clip-on stands _____	
Other _____	

Special services or use of facilities must be confirmed by appropriate signature and date below before request can be approved.

- Athletics \_\_\_\_\_
- BASC/Catering/Waivers \_\_\_\_\_
- BSG \_\_\_\_\_
- Campus Life \_\_\_\_\_
- Rec Services \_\_\_\_\_
- Conferences \_\_\_\_\_
- Facilities/Planning \_\_\_\_\_

- Fine Arts Facility \_\_\_\_\_
- Grounds \_\_\_\_\_
- Parking \_\_\_\_\_
- Set Up \_\_\_\_\_
- University Police \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_

This area to be completed by Campus Life Reservations  
Posted \_\_\_ Set up crew to set \_\_\_\_\_ Reset \_\_\_\_\_

Form distributed to:

Advisor _____	Custodians _____
Athletics _____	Fine Arts _____
AV Services _____	Grounds _____
BASC _____	Parking _____
Building Coordinator _____	Registrar _____
BSG _____	Set Up _____
Rec Services _____	University Police _____
Concessions _____	Utilities _____
Campus Life _____	Other _____

*I have read the policies governing the service, equipment, and facilities requested. I understand them and accept responsibility for my organization/department to adhere to the regulations.*

\_\_\_\_\_  
Person responsible for event Date

\_\_\_\_\_  
College Advisor (Dean or VP if required) Date

RESERVATION CONFIRMED (Office of CL Reservations) Date

*Note: Reservation requests are not confirmed until all necessary signatures are obtained, information submitted and this reservation is approved by the Office of Campus Life Reservations.*

