

FACILITIES RESERVATION FORM

Today's Date _____

Date(s) of Event _____ Day of Event: Su M T W Th F S

If event is recurring please indicate start date, end date, & circle day of the week.

Event Start Time _____ am/pm Event End Time _____ am/pm

Title of Event _____ Department _____

Contact Person _____ Phone _____

Email _____

Area(s) Preferred: 1st Choice _____

2nd Choice _____

*Please note classroom requests will only be taken through the Fall semester. It is your responsibility to request the classroom again in November for the upcoming Spring semester.

** All regularly scheduled meetings will end the week before finals. If your organization plans on meeting during the week of finals, please indicate on this sheet.

Attendance _____

Room Setup: Auditorium (chairs only) _____ Classroom (tables & chairs) _____ Round Tables _____
(Select one)

Open Square _____ Circle (chairs only) _____ U-shape (chairs only) _____

U-shape (tables & chairs) _____ Other (e.g., staging) _____

Audio/Visual:

Microphone _____ Podium _____ TV/DVD/VCR _____ LCD/Data Projector _____ Overhead Projector _____

Other _____

Diagram attached? Yes No

Food: Yes No

Speaker: Yes No

Breakfast ___ Brunch ___ Lunch ___ Dinner ___ Reception ___ Coffee ___

Alcohol: Yes No (If yes, Alcohol Request Form required if students will be in attendance)

STUDENT ORGANIZATIONS ONLY

Student Group Advisor Signature _____

(If this is an event other than a meeting, the advisor must sign.)

RESERVATIONIST USE ONLY

Input by: _____

Reservation #: _____

Date input: _____

Space Available: _____