RESERVATION FORM

Please Press Firmly

Sponsoring Organization/Department

Day/Day of Event

Facility/Room Requested ____________________________________________________________________ Estimated Attendance ___________

Time of Event: Set-up Begins ___________ Event Begins _______________ Event Ends ____________

*Note: Student Organizations are required to clean-up and re-set all room arrangements. Clean-up should be completed no later than 1 hour after the end of the event.

Type of Event (please describe completely) ____________________________________________________________________________

EVENT SERVICES

PUBLIC SAFETY

Today's Date __________

# of Officers Required _____ Fee _________

Start Time ___________ End Time __________

PLEASE SIGN BELOW.

CAFETERIA

Today's Date __________

Approved Set-up Time ____________________________________________________________________

Food ordered? Yes ______ No _____

PLEASE SIGN BELOW.

CUSTODIAL

What type of set-up do you require?

The Office of Student Life reserves the right to change facilities based upon administrative need. Thank you for your cooperation.

EVENT SPONSOR

I understand that by signing this form I will take full responsibility for: 1. knowing and adhering to all university regulations, 2. the conduct of those that are guests at my event and, 3. I will take full financial responsibility for any losses, damages or unusual expenses incurred because of my event.

Name __________________________________ Signature __________________________

Address ________________________________________________________________

Telephone (day) ___________________________ (evening) ______________________

UNIVERSITY SERVICES

By signing below, the following services indicate that they are aware of, approve of and are committed to providing required services to the sponsoring organization for the aforementioned event:

Public Safety ______________________________________________________________

Cafeteria or Knight Club ____________________________________________________

Organization Advisor _______________________________________________________

Student Comptroller _________________________________________________________

Student Life _______________________________________________________________

Student Life Approval/Date __________________________________________________

Fax to Facilities? __________________________________________________________________

Date __________

(1-95)