DATE	OF	EVENT	
HOURS			

ROOM/EVENT RESERVATION & APPROVAL FORM

Please submit this request at least 2 weeks prior to planned use with a copy of your flyer advertising this event.

NAME OF ORGANIZATION & PERSON RESPONSIBLE: AREA OR ROOM # REQUESTED: _____ TYPE OF FUNCTION: ____ WHAT WILL BE SERVED: ___ (Refreshments, Alcohol, etc.) SPECIAL REQUIREMENTS (garbage pails, tables, chairs):______ I agree to abide by the regulations concerning use of college facilities and will leave the assigned area in a clean and orderly condition. I have read and agree to abide by university regulations governing the consumption of alcoholic beverages. SIGNED: ____ DATE: ____ Please submit to the OFFICE OF STUDENT AFFAIRS OFFICE USE: Space Approved: ____ Jacqueline Martinez, Assoc. Registrar Date Edward Johnston Date Vice President of Student Affairs Frank Orehek Date Director of Management Services Special Requirements: ______