

ROOM RESERVATION REQUEST

BLOCK BOOKING

Student Organization: _____

Requested by: _____

Address: _____ Phone No: _____

President: _____ Phone No: _____

Advisor: _____

Event: _____

	Weekly (list day)	Every other Week (list day)	Monthly (list day)
Event start time: _____	_____	_____	_____
Event end time: _____	_____	_____	_____

Event start time: _____ Event end time: _____

Number attending: _____

Room desired: _____

Fall semester Beginning date: _____ End date: _____

Spring semester Beginning date: _____ End date: _____

No meeting will be scheduled during study week unless requested.

No weekend reservations before and after holiday or breaks will be scheduled unless requested.

Room setup: (choose one)

Auditorium style for: _____	Head Table for: _____
Open Square for: _____	Other: _____
Conference style for: _____	_____

The Reservations Office will need to be informed if AV will be used; however, it is the responsibility of the Organization to call and schedule equipment at 2687.

Allow 2-3 working days for processing. A copy of your dates and rooms will be available to you when you return. Signature will be required at that time.

Cancellation must be made at least 1 working day before event by contacting the Reservations Office at 3666.

Signature

Date