

SPACE REQUEST

Space is **NOT** considered reserved until confirmed by the U.C. office

Organization _____ Application Date _____

Contact Person _____

Cell Phone _____ Extension _____ Home Phone _____

E-mail _____

Day & Date of Event _____ Room Preference _____

Beginning Time _____ Estimated End Time _____ Estimated Attendance _____

Setup Time _____ Cleanup Time _____

Name of Event _____

Type of Event _____

Food Service: Full Refreshments only Snacks None

(Catering must be provided by Sodexho and arrangements can be made by calling extension 2550)

TYPE OF ACTIVITY:

- Banquet Recruitment Dance Movie Reception
Meeting Training Study Group Party Seminar
Lecture Leadership Performance Prom Other

Equipment needed: IF MORE THAN ONE PLEASE INDICATE

- | | | | | | | | | |
|-------------------------|--------------------------|----------------|---------|--------------------------|----------------|-----------------|--------------------------|----------------|
| Tripod Screen(s) | <input type="checkbox"/> | how many _____ | Speaker | <input type="checkbox"/> | how many _____ | Round Table | <input type="checkbox"/> | how many _____ |
| Microphone(s) | <input type="checkbox"/> | how many _____ | DVD | <input type="checkbox"/> | how many _____ | 6ft Table | <input type="checkbox"/> | how many _____ |
| Overhead Projector | <input type="checkbox"/> | how many _____ | Easel | <input type="checkbox"/> | how many _____ | Chairs | <input type="checkbox"/> | how many _____ |
| Dolly/Carts | <input type="checkbox"/> | how many _____ | Podium | <input type="checkbox"/> | how many _____ | Data Projector | <input type="checkbox"/> | how many _____ |
| Sound Board | <input type="checkbox"/> | how many _____ | Stage | <input type="checkbox"/> | how many _____ | Laptop Computer | <input type="checkbox"/> | how many _____ |
| Beverage Cooler | <input type="checkbox"/> | how many _____ | VCR | <input type="checkbox"/> | how many _____ | Television | <input type="checkbox"/> | how many _____ |
| Other (please describe) | _____ | | | | | | | |

** If decorations or a specific design layout will be used, please provide a description and plan for use on separate sheet of paper.

I have read and understand the policy & guidelines regarding use of the University Center Facilities and agree, on behalf of the group I represent, to abide and be bound by them.

Signature of Contact Person _____

For Office use only: Responded by Email Telephone In person Date _____

Space(s) Assigned _____

Date & Time _____ Food Service Confirmed Yes N/A QB

Customer ID _____ Invoice # _____