On Campus Event/Room Request Form

Organization: ________________________________

Title of Event: ________________________________

Date/s and Time/s of Event: ________________________________

Recurring Event:  Y/N

If applicable how often will the event recur?
___ Daily (Number of Days ___.)
___ Weekly
___ Bi-Weekly
___ Monthly

Type of event:
___ Banquet
___ Meeting
___ Ceremony
___ Recruitment
___ Community Service/Philanthropy
___ Social
___ Fundraiser

Projected number of people that will attend your event _________________

Will you need access to any technology provided in the rooms?  Y/N

Describe any specific seating or other furniture arrangements?
_____________________________________________________________________________
_____________________________________________________________________________

Will food or beverages be available for those attending?  Y/N

Building and room number requested for event. _________________

Alternate building and room number requested. _________________

_____________________________________________________________________________
_____________________________________________________________________________

Organization President Signature
Organization Advisor Signature

Event Approved: Y/N  Staff Signature: