



Room Reservation & Facilities Use Application

1. Room / facility being reserved: _____
 2. Date of function: (day & date) _____
 3. Time room / facility is requested: (start & finish) _____
 4. Person making request: _____ Phone # _____
 5. Proposed use of room / facility: _____
 6. Approximate number of people expected: _____
 7. Do you need any special equipment? If so, please list:

- If special equipment is needed, who has agreed to be responsible to set up the room and to return equipment? _____
8. Is any Audio/Video equipment needed? _____
If yes, please contact the AV Director for an operator!
 9. Is a key requested? _____
 10. Who will be responsible for proper security (includes unlocking & locking facility)?: _____

Signature: _____ Date: _____
 Direct Report Signature: _____ Date: _____

Note: Individuals / groups reserving rooms or facilities are required to clean up (vacuum, empty trash cans, put trash in dumpster, etc.) after their function. Each room used is to be left in as good a condition (if not better) than it was initially found. Failure to comply will result in removal of room use privileges.

This application must be turned in 10 days before date requested for approval.

Room Approved by: _____ Date: _____

- * **Please return this completed form to Resource Center**
- * **Approved forms will be returned back to the Resource Center**
- * **Please check with Resource Center to pick up your approved forms**