



MEETING ROOM REQUEST FORM

Organization _____

Contact Person _____ Title _____

Contact Phone _____

Date Requested _____

Alternate Date Requested _____

Time (from) _____ to _____ Number of people expected _____

The University expects that its students as their guests will behave as mature and responsible individuals in all matters of conduct. Sponsoring organizations which seek to use any University facility agree to abide by these standards and accept full financial responsibility and liability for damages to or theft of University property, and the cost of all university personnel overtime charges attributable to its actions or the actions of their guest, and employees or agents.

Failure to follow these regulations including fulfilling financial obligations will result in the suspension of use or denial of privileges of University facilities.

By signing this request form, you as a representative of your organization agree to abide by these requirements for facilities usage.

Signature (Club Rep)

Signature (Advisor)

For Office Use Only

Date Received _____

Date Approved _____ Room Approved _____

Approved by _____ Date _____

NOTE: Rooms are as is. No special equipment requests.