STUDENT LIFE
ROOM AND EVENT REQUEST FORM

GENERAL INFORMATION

Date Submitted: _____

Organization: _____

_____

Representative's Name: _____

Phone Number: _____

Email: _____

Please note that some events may require Advisor's attendance.

Name of Advisor: _____

Advisor's Phone Number: _____

Advisor Signature: _____

Date: _____

PLEASE CHECK ALL THAT APPLY:

☐ **Room Request (Complete Box B)**

_____

☐ **Bon Fire Nicholson Center (Complete Box B)**

_____

☐ **Fundraising/Table Request(Complete Box C/D)**

_____

_____

C ---- FUNDRAISING EVENT

Complete Box D, if necessary

Date: _____

Name or Description of Event: _____

_____

D ---- FOOD COURT TABLE REQUEST

Date: _____

Name or Description of Event: _____

_____

Number of Tables: _____

EVENT INFORMATION

Date of Event: _____
Month/Date/Year

Name of Event: _____

_____

Time of Event: Start: _____ End: _____

Set-up Time Need: _____

Estimated Attendance: _____

B --- ROOM SELECTION REQUEST

Nicholson Center:

- ☐ Fire Pit (Student Life to notify Operations)
- ☐ Food Court
- ☐ Patio
- ☐ Private Dining Room
- ☐ RoMo's
- ☐ Rotunda (indicate floor) _____

Classrooms:

- ☐ Franklin (room #) _____
- ☐ Hale (room #) _____
- ☐ John Jay (room #) _____

Jefferson Center:

- ☐ Recreation Room
- ☐ TV Lounge

John Jay:

- ☐ Gym

Patrick Henry:

- ☐ Hopwood Hall

Other:

- ☐ Massey Hall
- ☐ Rogal Chapel
- ☐ Sewall Center (room) _____

_____

If you require any of the following support services, please check off what all applies and be specific.

☐ Equipment/A/V: _____

☐ Food Service: _____

☐ Additional request – Other: _____

_____

_____

This form will be reviewed by the Office of Student Life. Notifications will be sent via email. Please allow at least three (3) days for a reply.

☐ Approved ☐ Disapproved _____ Date: _____
Office of Student Life Representative

Comments: _____

Entered: ☐ Schedular; ☐ University Calendar of Events - Date: _____ Initials: _____