

CENTRAL ROOM RESERVATION APPLICATION

(Campus Organization)

Date: _____

Group Name: _____

Campus Approved: _____ Yes _____ No

Status Checked: _____ Yes _____ No

President: _____ ID#: _____ Phone#: _____

Address: _____

Treasurer: _____ ID#: _____ Phone#: _____

Address: _____

Faculty Advisor: _____ Phone#: _____

Department Address: _____

I agree to abide by all the University of Arizona rules and regulations. I understand the my group will be held liable to pay for any damages to the building and room.

Signature: _____ Date: _____

*****For Office Use Only*****

Term	Name & Phone	Date(s)	Term(s)	Bldg and Room	

SUN. MON. TUES. WED. THUR. FRI. SAT. (CIRCLE DAY(S) OF WEEK THAT MEETING(S) FALL ON)

Approximate # of people room should hold: _____