ROOM RESERVATION REQEST PLEASE RETURN TO REGISTRAR'S OFFICE AT LEAST TOW WEEKS IN ADVANCE OR EVENT

Today's Date:	Phone #:	Mailbox #:
Your Name:		
Organization Name:	Organization Phone #:	
Event:		
Purpose of Event:	Estimated Attendance:	
Date of Event:	Time of Event:	to
		(please include set-up time)
Campus Building Requested:		Room Requested:
Reservations for the Barrister's Clu Please call extension 2242.	b are handled through the Food Service	ee Director of ARA.
If you want this event publicized in t	the <i>Digest</i> , please submit a <i>Digest</i> Subn	nission form to the appropriate office.
If you are requesting the presence of	f any administrator, please contact the	ir office.
MAINTENANCE	<u>SECURITY</u>	ARA FOOD SERIVCE
Will your event require:	Will your event require:	If your event requires food service, a
# of Tables	# of reserved parking space	Food service request form must be Filled out at least two weeks in
# of Chairs		Advance of the event and submitted
# of Trash cans Podium	Location:	AKA. Ticase can ext. 2242, to
Location		discuss what you will need.
Other	Other:	Student organizations must have food service request forms
HOUSEKEEPING		approved by the Dean of Students.
The room(s) confirmed below will need to be cleaned up before and after event.		
YOUR REQUEST HAS BEEN CON	FIRMED FOR THE FOLLOWING:	
DATE:	TIME:ROOM:	
APPROVED:		