

106 Central Street Wellesley, Massachusetts 02481-8254

Event Reservation Request Form

Office Telephone: 781-283-2082

Fax: 781-283-3615

| Name of Event or Function: | |
|--------------------------------------|---|
| Description: | |
| | |
| | |
| Date(s): | Time: to |
| Organization or individual sponsori | ing event: |
| Number of people expected: | Open to the public (yes/no): |
| Person making reservation and resp | ponsible for clean up: |
| Address: | |
| | Work phone #: |
| that college policies and house rule | must sign below, agree to be present at the event, to ensure s are being followed, and that the facility is cleaned and left esponsible for any damages to the facility during the |
| with any of the rules, my organiz | licies for using Slater. I understand that if I fail to comply ation or group may not be allowed to utilize Slater in the be refunded (if applicable). If cleanup is required, a be charged. |
| Signature: | Date: |
| Full FOAPAL # (internal groups only |): |

Please return this form to:

Averie Sesskin, Assistant to the Director, Slater International Center asssskin@wellesley.edu, Phone: (781) 283-2082, Fax: (781) 283-2082

If a rental fee applies to your reservation, it must be mailed to Averie Sesskin at least <u>2 weeks prior to the event</u>. If a refundable deposit applies to your reservation, please send a separate check for this fee; it will be returned or destroyed after the event if Slater is left in good condition.