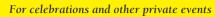
## APPLICATION FOR RESERVATION OF CAMPUS FACILITIES





(office use only)

			CES Coordinator:	
NOTE: Please ty	pe or print legibly. All information MUST be completed. An inc	omplete application will result in pr	rocessing delays.	
EVENT INFO	RMATION	APPLICANT/PERSON	FINANCIALLY RESP	PONSIBLE:
Event Title:		Last	First	MI
Facility (s):				
Event Date (s):		Address	City	Zip
Res Time:		Home Phone & Work Phone		Fax Number
	me from start to finish; include catering & decorating time.	E-mail		
Package:	☐ 3 Hr Package (Gazebo Only) ☐ 6 Hr Package	Please complete the following for weddings: Bride/Partner:		
	10 Hr Package			
	Other:	Last	First	MI
	time, decorating time and the event.	Address	City	Zip
Attendance:		Home Phone	Work Phone	
Type of Event:	<ul> <li>☐ Wedding Ceremony and Reception</li> <li>☐ Wedding Ceremony Only</li> <li>☐ Wedding Reception Only</li> </ul>	E-mail		
	☐ Anniversary ☐ Reunion	Groom/Partner:		
	☐ Memorial Service ☐ Other:	Last	First	MI
		Address	City	Zip
Catering:	☐ University Catering ☐ Non-University Registered Caterer	Home Phone	Work Phone	
	Name of Caterer	E-mail		
Insurance:	Potluck(Lodges only)  I will provide a certificate of insurance	<u>NOTE:</u> No facility reservation(s this application.	s) will be made prior to subm	ission and approval of
	from my insurance carrier.  I will purchase special event liability insurance from the University.			
Applicant's Affi	liation: NOTE: please check one; proof of affiliation required	CLIENT SIGNATURE:		
	Registered UCD Student UCD/UC Alumni, Class of 19/ 20 (Alumni other than UCD must join the UCD Alumni	Signature of Applicant/Person Respo	nsible	Date
	Association; call 752-0286 for info)  UCD Faculty (minimum 50 % appointment)  UCD Staff (minimum 50% appointment)	APPROVED FOR UNIVERSITY USE BY:		
	UC Retiree  Not affiliated with the University (NUD applies)	Signature of Manager, Conference a	nd Event Services	Date