

Student Organization Room Reservation & Set-Up Request

Please complete this form and return to Carlie Hinson (Smith 115) at least **3 weeks** prior to event.

Name of Organization: _____

Name of Event: _____

Event Date: _____ Alternate Event Date: _____

Type of Event: Lecture Meeting Social Other

If *other*, please describe event:

Event Start Time: _____ Event End Time _____

Set-up start time: _____ Clean up end time: _____

Contact Person: _____ Cell #: _____

Contact Person E-mail: _____

Event Location

Choice #1: _____

Choice #2: _____

Choice #3: _____

Event Set-Up

of tables: _____

of chairs: _____

Is technology needed? YES NO

If yes, please describe the technology needs: _____

Will food and/or drinks be served? YES NO
