

**OFFICE OF STUDENT ACTIVITIES
Room Reservation Request Form**

Sponsoring Organization: _____

Person Requesting Room: _____

Proposed Event Date: _____ Room request: _____

Event Start time: _____ Event End time: _____

Estimated Attendance: _____

Event Details (provide a complete description of the planned event): _____

AV/Help desk request: _____

Audio-visual request should be submitted directly to: ITS Help Desk, ext. 70911

RESPONSIBLE PARTY (print name): _____

Signature: _____ Cell Phone: _____

**THIS FORM MUST BE APPROVED BY THE ASSISTANT DEAN OF STUDENTS/DIRECTOR OF STUDENT
ACTIVITIES BEFORE A ROOM WILL BE APPROVED**

For Office Use Only:**Approval Signatures**

Student Activities: _____ Date: _____

Story House: _____ Date: _____