Date Received				
Registered				
Room Assigned				

## UN7 Registered Student Organization Academic Classroom Reservation Form

Student Organization:				
Event Name:				
Speaker & Subject Matter (9f applicable):				
Contact Person:				
Contact Phone Number: _				
Contact Person's E-mail:				
Building Location:				
Anticipated Size of Event.	,			
Members Only: U	es No			
(If <b>NO</b> , please attach an <b>Event Forn</b>	<b>n</b> , which <u><b>MUST</b></u> be sul	bmitted <b>10</b> wo	orking days in advance.)	
Begin Date:	End	Date:		
Begin 7ime:	End *	7ime:		
Day of the Week:				
Daily: Weekly: _	Bi-week	źly:	Monthly:	
President's E-mail:				
Advisor's E-mail:				

- 1. Reservation form should be submitted at least 3 days prior to the event
- 2. Room assignments are subject to change based upon availability and class reassignment
- 3. Organization changes in event time, date or place require a new classroom reservation form.
- 4. All rules pertaining to the serving of food should be observed.
- 5. Reserved classrooms should be left in a neat and organized fashion.
- 6. Organizations will be held responsible if damages occurring during the use of the facility.