

Entered by: _____ **STUDENT CENTER SCHEDULING OFFICE**
ROOM REQUEST FORM

PLEASE PRINT CLEARLY:

Today's Date _____ Your Name _____

Phone Number _____ E-Mail Address _____ RSO Website: _____

Name of Organization: _____

Title of Event: _____

Registration, Donation or Sales involved? YES NO

Type of Activity: Meeting Conference Program Food

Additional space provided on reverse.

Day of Week	Date(s) (List individually)	Time(s) (to/from)	# of people	Room(s)/Equipment and Setup needed for room

Will you accept alternative space, dates or times? _____

Room Set Ups

Conference (16 and over)

Family (16 and under)

Classroom

Head Table: _____
How many at Head table?

Auditorium

Head Table: _____
How many at Head table?

Chairs Around

U-Shape/Outside or Inside, Outside

Please discuss other options as needed

Equipment (no charge)

Screen

Chalkboard

Easel

Table Podium

Equipment (Fiscal Officer Sheet Required)

Podium

TV-VCR/DVD

Flipchart

Projector:
Slide _____ Overhead _____

Piano-Upright or Grand

Requires Technician

LCD Projector

House Sound

Sound System

OFFICE USE ONLY*****Fiscal Officer Sheet Given By: _____ Date _____

