

Student Center Conference and Scheduling Services

Room Request Form

Today's Date _____

Your Name _____

Email Address _____

Organization _____

Phone Number _____

Title of Event _____

- Meeting
 Conference
 Program
 Practice
 Dance

Is the event a fundraiser or will it require admission/sales?

Yes

No

Auditorium



Chairs Around



Classroom



Conference For 22



Conference Over 16



Family 16 and Under



U Shape Inside/Outside



U Shape Outside



Day of Week	Date(s) <small>(List individually)</small>	Time(s) <small>(start/end)</small>	Number of People	Setup Type	Room(s) or Equipment Needed <small>(additional notes on reverse)</small>

Will you accept alternative space, dates, or times? Yes No

Will you have food at the event? Yes No
 (if yes, please answer the following)

What type of food will you have? Prepackaged (Small Food) Delivered Caterer

How much money do you plan to spend? \$ _____

(If Delivered or Catered) Please indicate your food provider: _____

Please describe the food plans for your event:

