

Special

Requirements:

## EVENT APPROVAL/ROOM RESERVATION FORM

Please submit this request at least 2 weeks prior to planned use with a copy of your flyer advertising this event. Name of Organization and Person Responsible: Program name / Description Program Date: End time: Start time: Area or Room # Requested: What Will Be Served (Refreshments, Alcohol, etc.): Special Requirements (Garbage pails, tables, chairs): I agree to abide by the regulations concerning use of college facilities and will leave the assigned area in a clean and orderly condition. I have read and agree to abide by the University regulations governing the consumption of alcoholic beverages. SIGNED: Date: Please Submit to the Office of Student Affairs Office Use Only Date: Jacqueline Martinez **David Bowers** VP for Administration and Finance College Registrar OR Vito Cavallaro, AVP for Date: Student Affairs Dapo Adurogbola, **AVP Facilities &** Date: Chief of Police

## **FUNDRAISING/ROOM RESERVATION FORM**

Organization Name:		
Description Of Fundraiser:		
Date of Activity:	Start time:	End time:
Production Cost Paid	Selling Price of Items:	
Upfront:	iterris.	
Location:		
Should You Need A Space To Hold You Room Reservation Section On The Ba		om)Please Fill Out The
Contact Person(s) Name:		
Contact Person(s) Email:		
Additional Details For Fundraiser:		
Student		
Council President		Date:
Vito Cavallaro, AVP for Student Affairs		Date: