Student Life Office Facility/Table Request Form

*All request forms are due two weeks prior to event, or one week for table space*

All requests are taken on a first come first serve basis. Your flexibility is necessary if the space or time requested is unavailable or if another event is already taking place.

Office/Organization Name: ______________________________  Today’s Date:______________

Contact Person: _______________________________________   Phone Number: ________________

Requesting:

Event Space    Meeting Space    Table Space

Preferences:

Name of Event: ______________________________  Location: __________________________

Date(s) Requested:______________________________________________

Time(s) Requested: ____________________________________________

Do you need a table(s)?_______________    How many and what size?__________________

Do you need chairs? _________________    How many? _____________________________

Do you need IT equipment? (projector, screen, laptop, speakers, microphone, stand, etc.)? _________________________

Please specify what equipment you need:_________________________________________________________________

Purpose of Request/Description of Event:

___________________________________________________________________________________________________

___________________________________________________________________________________________________

President/Chair Signature         Date

Advisor Signature            Date

Student Life Office Use Only

Facility Request Submitted: ___________________________      Facility Request Approved: _____________________________

Comments: