## MEMORIAL HALL USAGE REQUEST FORM

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	Reservation Date:  Day/Date (i.e. Wednesday, May16, 2007)		
	Beginning Time:		
	Ending Time:	ı.m. or p.m.	
	Number of Persons in Attendance:		
DEPARTMENT	Γ:	EXTENSION NO.:_	
NAME OF UNI	VERSITY ACTIVITY:		
ROOM(S) DES	IRED ( indicate below):		
	Both Conference Rooms (Capacity: 75)	Gallery (Capacity: 6-7 round tables with	h 5-6 chairs/ea)
	North Conference Room (Capacity: 25)	Lounge	
	_ South Conference Room (Capacity: 25)		
to the Univers Director of Fo	to make arrangements with the University Food Service Department. To waive the Food Service Department. To waive the Food Service by obtaining his/her signature.	Signature/Director of Food Service	oval of the
	PLEASE READ AND ADHERE TO	THE FOLLOWING:	
Affairs will forv	S AND WEEKEND USE: I understand that this builward all requests for after hour usage to Public Safety to be the responsible party.		
	at it is my responsibility to process a Work Order wit tc. <u>delivered, set-up and returned</u> .	h the Department of Physical Plant	to have
arrangement is	at the conference room tables and chairs are NOT to needed, it is my responsibility to process a Work Ord ng the conference room(s) back to its original order.		
I understand th designated time	at it is my/the department's responsibility to cover th	e cost of any damages occurred dur	ing the
REQUESTER (	please print and sign name)	DATE	
RESPONSIBLE	E PARTY (LU Employee) (please print and sign name)	DATE	
ALUMNI DIRE	CCTOR	DATE	
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Revised 6/07