



<b>Reservation Date:</b> _____ Day/Date/Year
<b>Beginning Time:</b> _____ a.m. or p.m.
<b>Ending Time:</b> _____ a.m. or p.m.
<b>Number of Persons in Attendance:</b> _____

Current Date: \_\_\_\_\_ Date Needed: \_\_\_\_\_  
Department: \_\_\_\_\_ Extension No.: \_\_\_\_\_  
Name of University Activity: \_\_\_\_\_

Room(s) Desired (indicate below):

- |  |   |
|--|---|
| _____ Both Conference Rooms (Capacity: 75) | _____ Gallery (Capacity: 6-7 round tables with 5-6 chairs/ea) |
| _____ North Conference Room (Capacity: 25) | _____ Lounge  |
| _____ South Conference Room (Capacity: 25) |   |

**Please Read and Adhere to the Following:**

- AFTER HOURS AND WEEKEND USE: I understand that this building closes at 5:00 p.m. The Office of Alumni Affairs will forward all requests for after hour usage to Public Safety, IF this form is signed by a university employee who has agreed to be the responsible party.
- I understand that it is my responsibility to process a Work Order with the Department of Physical Plant to have tables, chairs, etc. delivered, set-up and returned.
- I understand that the conference room tables and chairs are NOT to be moved or rearranged. If special set-up/ arrangement is needed, it is my responsibility to process a Work Order with the Department of Physical Plant , to include returning the conference room(s) back to its original order.
- I understand that it is my/the department’s responsibility to cover the cost of any damages occurred during the designated time.

Requester (please print and sign name): \_\_\_\_\_ DATE  
Responsible (LU) Employee (please print and sign name): \_\_\_\_\_ DATE  
Alumni Director: \_\_\_\_\_ DATE

*This form must be approved by alumni affairs to confirm space requested.*

Revised 6/07

