

MEMORIAL HALL USAGE REQUEST FORM

Reservation Date: _____
Day/Date (i.e. Wednesday, May16, 2007)

Beginning Time: _____ a.m. or p.m.

Ending Time: _____ a.m. or p.m.

Number of Persons in Attendance: _____

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)

WILL FOOD BE SERVED? Yes _____ No _____

SODEXHO Food Service has exclusive catering contract for all campus held activities. I understand that it is my responsibility to make arrangements with the University Food Service Contractor, and to send a copy of this form to the University Food Service Department. To waive the Food Service option, you must get the approval of the Director of Food Service by obtaining his/her signature. _____

Signature/Director of Food Service

If Food Service is waived, this portion of the form must be completed before submitting to the Alumni Affairs Office.

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 PARTY (LU Employee) (please print and sign name)

DATE

ALUMNI DIRECTOR

DATE

THIS FORM MUST BE APPROVED BY ALUMNI AFFAIRS TO CONFIRM SPACE REQUESTED.