

Student Organization Room Request Form

Group Name: _____

Contact Person Name & Phone Number: _____

Type of Event (Please Check One)

Weekly__ Bi-Weekly__ One time/Special Event __

For Weekly/Bi-Weekly Meetings:

Day of week: 1st choice _____ 2nd choice _____

Time: Common Hour__ 6:30pm-8:30pm__ 9:00pm-10:45pm__

For One-time / Special Events:

Date: _____ Time: _____

Type of event: (Please check all that apply

Breakfast / Lunch / Dinner: ____ Special Presentation: _____

Speaker__ Speaker's Name ____

Special location request _____

* Please note a location request does NOT guarantee availability of a room

Other Information:

Number of people attending: _____

Will you have outside guest? Yes _____ No: ____ Number of outside guest: ____

Will you have food at your event? Yes _____ No _____

Do you have dining services approval? Yes _____ No _____ (Please note that all food must be provided by Hofstra Dining Services x3-5395 unless other arrangements have been made with them)

General type of set-up needed (Circle one) Row style Classroom Circle Hollow Square
Theater Other _____

Student Activities approval: _____

Faculty Advisor: _____

Public Safety: _____

*Public Safety approval needed for all events with off-campus guest, outdoor event, and all special events.

***** Please Note All request must be in 10 days prior to the event*****

