

RESIDENCE HALL LOUNGE RESERVATION REQUEST FORM

Please complete all fields and return to
Amanda Horvat in Residential Programs, 244 Student Center,
(516)463-6930, Fax (516) 463-4107, 3 business days in advance of your requested date.

****Please note: Returning this form does not guarantee a reservation.****

Organization Information

Organization: _____
Contact name: _____ Phone #: _____
Email address _____
(A confirmation notice will be sent to this address)

Event Information

Event name: _____
Description of event:

****No alcohol is permitted at events that are held in residence hall lounges.****

****A guest list must be emailed to Mercedes Ravelo at Mercedes.Ravelo@hofstra.edu prior to the scheduled event. If a list is not provided the event will be canceled automatically.****

Anticipated attendance: _____ *(Must be in accordance with occupancy limits- these limits vary and are posted in lounges)*

Date requested: _____ *(Please note when requesting a Tuesday, the lounges are used by the staff of Residential Programs - times vary by building – please check with your RA)*

Start time: _____ End time: _____

Lounge Requested: _____

I understand that this is a request only and does not guarantee an approved reservation. I will obtain the additional signatures needed and return a copy of this form to Residential Programs for approval. The state of my request will be emailed to me within 3 business days of the receipt of this completed form. Furthermore, I understand should my request be approved my organization will be held responsible for any damage that occurred within the lounge and it is our responsibility to put the lounge back in the original condition that we found it in.

Signature

Date

Student Leadership & Activities: _____

FOR OFFICE USE ONLY:

Received by: _____ Date: _____

_____ Request Approved

_____ Request Denied