

Student Organization Room Request Form

Group Name: _____

Group Contact & Phone Number: _____

Weekly--- Bi-Weekly--- Meeting And Time Slot
(Check One)

Sundays---- Mondays---- Tuesdays---- Wednesdays----
Thursdays---- Fridays----
Common Hours--- 6:30pm-8: 30pm--- 9:00pm-11:00pm---

Special Events/ Purpose Of Gathering (Check One)

Date _____ Time _____

Fashion Show---Talent Show--- Cosponsored--- Dinner---
Speaker/Name _____ Food Sale---
Other _____

Outside Guest Yes--- No--- Number Of People-----
Dinning Services Approval For Food Yes--- No---

Type of Expected Setup (circle one):

Row style Classroom Circle Hollow Square

Student Activity Approval-----

**P.S. All Requests For Rooms Should Be In
10 Days Prior the Event.**