## RESIDENCE HALL LOUNGE RESERVATION REQUEST FORM

Please complete all fields and return to Russ Smith, Residence Life, Wellness and Campus Living Center Room 126, (516) 463-6931, Fax (516) 463-4107, three business days in advance of your requested date.

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

Organization Information	
Organization:	
Contact name:	
Email Address:	
(Confirmation will be sent to this address)	
Event Information	
Event name:	
Description of event:	
· · · · · · · · · · · · · · · · · · ·	at are held in residence hall lounges. ***
	<u>a Irace@hofstra.edu</u> prior to the scheduled event. will be cancelled automatically. ***
Anticipated attendance:	
Anticipated attendance:(Must be in accordance with occupancy limits-these limits vary and are posted in lounges.)	
Date requested:	
(Please note when requesting Tuesday, the lounges are used check with your RA.)	l by the staff of Residence Life – times vary by building; please
Start time: End time: _	
Lounge Requested:	
I understand that this is a request only and does not guarant signatures needed and return a copy of this form to Resident to me within 3 business days of the receipt of this completed approved my organization will be held responsible for any do responsibility to put the lounge back in the original condition	ce Life for approval. The state of my request will be emailed I form. Furthermore, I understand should my request be amage that occurred within the lounge and it is our
Student Signature	Date
Student Leadership and Engagement	Date
For Office Use Only	
Received by:	Date:
Reguest Approved	Request Denied