



Department of Housing and Residential Life

Campus Residence Meeting Space Request

Name: _____ Phone Number: _____

Organization: _____ Number of Participants: _____

Event Date: _____ Event Start Time: _____ / End Time: _____

Event Description/Purpose: _____

Requested Space: _____ Building / Room or Area University Index #: _____

- I understand the room must be returned to its original condition and that financial charges may be assessed as a result of the need to clean, repair or other work necessary to return the space its original condition.
 - I understand the space is provided only on the dates and at the times noted above and that I may not utilize the space at other times without permission.
 - I understand the space may be used for only the event and purposes described above.
- Event Organizer: _____
Print Name Signature Date

Office Use Only

Request Approved by: _____ Date: _____
Please Print Initials

Post Event Check Completed by: _____ Date: _____
Please Print Initials

Post Event RCR: _____

WR# _____ Charges Assessed: _____