



Student Organization Reservation Request

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** Submit to the Reservations Office 1 MONTH before the event. **

Name of Organization _____ Today's Date ____/____/____

Contact Person _____ Phone _____ Email _____

Campus Advisor _____ Advisor Email _____ Phone _____

Name of Event: _____ Estimated Attendance: _____

Type of Event: ☐ Lobby Table ☐ Event ☐ Meeting/Lecture ☐ Banquet/Awards Ceremony ☐ Other _____

1st Date Preference: _____ 2nd Date Preference: _____

Is this request for a recurring event (multiple dates)? ☐ No ☐ Yes If YES, please list all event dates in detailed description.

☐ On-Campus - Building/Room: (1st Choice) _____ (2nd Choice) _____

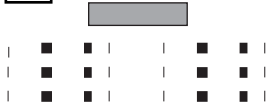
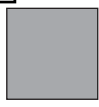
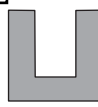
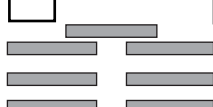
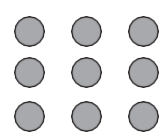

Event Start Time: _____ Event End Time: _____ Set-up Time: _____ Clean-up Time: _____

Event Participants: (check all that apply) ☐ Organization Members ☐ On-Campus Community

Do you want this event listed on the college calendar ☐ Yes ☐ No

Event Description: _____

Indicate Set-up: ☐ Theater/Classroom ☐ Square ☐ U-Shape ☐ Workshop ☐ Banquet Round ☐ Banquet Long

List set-up and audio-visual needs: _____

Will food and/or beverage be served? ☐ No ☐ Yes**

Provide a complete description of food/beverage planned for the event: _____

By signing below, I agree to abide by all policies governing the use of facilities at Goldey-Beacom College:

Organization President or Representative (Required) _____

Date _____

Faculty/Staff Advisor (Required) _____

Date _____

APPROVAL PROCESS

After chain of command approvals are obtained, submit this form to the Reservations Office at least **3** weeks prior to the event date. The Reservations Office will continue the routing process if needed. Once all approvals are obtained, you will receive an **email stating that the event is "CONFIRMED."** You may begin advertising once the event is **CONFIRMED**.

Student Life Officer _____

Date _____

Reservations Office _____

Date _____