



OFFICE ONLY

Date Received: _____

Time Received: _____

Initial: _____

Reservation Request

(Markin Center, Ren. Coliseum, Markin Tennis Courts & Meinen)

Requests should be submitted in writing at least 2 weeks in advance

Today's Date: _____

Organization/Dept.: _____

Event Contact Person: _____ Phone: _____

E-mail address: _____

Event: _____

Day and Date of Event: _____

Describe Event: _____

Room Set-up (i.e., chairs on outside room, # of tables for food, etc) (if need use back side of paper): _____

If food, what time is Student Center Dining Services delivering? _____

Needs (Microphone, bleachers, # tables, #chairs, stereo, scoreboard etc): _____

Rooms requested: _____

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

Set up time: _____ Clean up time: _____ Number of people expected: _____

Fundraising: Admission Charge _____ Percentage of money to be donated _____

Benefitting Organization(s) _____

Raffles are not permitted on campus!

If items are being sold (i.e. Apparel, cups, etc.), a design must be submitted to Student Activities for approval prior to production. Include name of the printing company on this document.

Event Cancellation Policy

If your event requires the scheduling of additional Campus Recreation staff members (building supervisors, lifeguards, climbing wall supervisors, etc.) you will be responsible for those hourly costs if we are not given notice of cancellation 5 days prior to the scheduled event date.

Regardless of whether additional staff is necessary for your event, we request notice of cancellation 2 days prior to the scheduled event date. Cancellations made after that deadline may impact space availability for future events.

Please see the Campus Recreation Office for questions or clarification of the costs or cancellation policy.

I have read and understand the event cancellation policy and that I am responsible for notifying Campus Recreation of any cancellations within the appropriate number of days listed above. If this is not done, I understand the group I represent will become financially responsible for any additional staffing costs and/or the ability to request space in the future may be impacted.

Signature: _____ Date: _____

Requested time is available: Initial _____ Date _____

Approved by: _____ Confirmation sent: _____