



ROOM/EVENT RESERVATION REQUEST FORM

PLEASE INDICATE TYPE OF EVENT: MEETING, LUNCHEON; DINNER; CONFERENCE; CEREMONY; OTHER: _____

GENERAL INFORMATION

Date Submitted: _____

Organization: _____

Representative's Name: _____

Phone/Email: _____

* Required Information:

* Name of Advisor: _____

* Advisor's signature: _____

* Advisor phone number: _____

*Please note that some events may require Advisor's attendance.

EVENT INFORMATION

Name of Event: _____

Event Contact Person: _____

Phone/Email: _____

If event is weekly, bi-weekly or monthly, please indicate ending date.

Date of Event: _____ Ending Date: _____

One Time; Weekly; Bi-weekly; Monthly

Time of Event: Start: _____ End: _____

Estimated # of Attendance: _____

Set-up Time Required: Yes; No; Time required ___/hrs.

FUNDRAISING EVENT

Date(s): _____

Organization: _____

Description of Event: _____

Contact Person: _____

Phone/Email: _____

ROOM SELECTION REQUEST

Nicholson Center:

- Fire Pit, (No Bon Fire) Bon Fire
- Food Court
- Nicholson Center Front Lawn
- Nicholson Center (room #): _____
- Nicholson Center 3rd floor Lobby
- RoMo's Café
- Rotunda (indicate floor) _____

Classrooms:

- Franklin (room #) _____
- Hale (room #) _____
- Patrick Henry (room #) _____
- Salem:
 - Activity Lounge
 - Lobby Area
 - Meeting Room
- Other _____

John Jay:

- Classroom(room #) _____
- John Jay Gym

Outdoor Facilities:

- Gazebo
- Intramural Field
- North Athletic Complex:
 - Basketball Courts
 - Outdoor Pavilion
 - Soccer Field
 - Tennis Courts
- Sand Volleyball Courts

Other:

- Hopwood Hall
- Joe Walton Stadium
- Massey Theater
- Rogal Chapel
- Sewall Center (room) _____

TABLE REQUEST IN FOOD COURT

Date(s): _____

Description of Event: _____

If you require any of the following support services, please check off what all applies - be specific. Student Life will follow up with you regarding your event's needs.

Equipment/A/V: (please ✓ below)

DVD Player; Screen; Podium; Microphone;

Table(s) # of tables _____

Other: _____

RMU Dining Services: (please ✓ below)

Breakfast; Lunch; Dinner; Pizza

Snacks; Refreshments

Other: _____

Must indicate payment method, when RMU Dining Services are requested.

Method of payment: please ✓ below

Bill Department:
Department # _____
Department: _____

Freedom Card _____
 Invoice _____

Your request will be reviewed by the Office of Student Life. A confirmation will be sent via email. Please allow at least three days for confirmation.

Approved Disapproved _____ Date: _____
Student Life Representative

Comments: _____

Kx Event Management; University Website Calendar of Events; **Private, Do Not Enter**

Date: _____ Initials: _____ Kx Reference #: _____