

Facilities/Room Reservation Request Form

Organization/Individual Requesting Space

Individual, Organization, or Office Requesting Space: _____

Contact Name: _____ Title: _____ Email: _____

Contact Number: _____ Office Phone: _____ (Ext. _____)

Address: _____ City: _____ State: _____ Zip: _____

Group Requesting Space: Campus Group For-Profit Organization University-Related Group Non-Profit Organization*

Event Information

Type of Event (please provide description of event): _____

Date(s) of Event: _____ Alternative Date(s): _____

Event 6 W ~~14~~ _____

Facilities Responsibility, Release and Authorization Form

UNIFORM STATEMENT OF RESPONSIBILITY, RELEASE, AND AUTHORIZATION FOR USE OF FACILITIES-
1 : 7 & MARINETTE CAMPUS.