RESERVATION REQUEST FORM

Registered Student Organization: ____________________________
(Do Not Abbreviate)

Requester Name/Event Contact: ____________________________
(Must attend all requested events)

Phone: ____________________ Club ASI Account Number: __________

CSUF Email: ____________________________

Day and Date of Event: ____________________________
(e.g. Tuesday, January 1, 2016)

Preferred Meeting Room(s): ____________________________

Name of Event: ____________________________

Event Start: __________ am/pm Event End: __________ am/pm

Room Access Start: __________ am/pm Room Access End: __________ am/pm

Type of Event: Meeting Speaker Banquet/Reception Other __________
(please be specific)

Anticipated Attendance: __________

For UCC office use only:
Received: In-Person Phone Email Other

Received by: __________

Date: __________ Time: __________

Reviewed: __________

Event planner: __________ Reservation Number: __________

Describe the purpose of your event and all activities that are planned:

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________
### Weekly Meeting Request Dates

<table>
<thead>
<tr>
<th>Month</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>June</th>
<th>July</th>
</tr>
</thead>
</table>

**Day of the week for meetings:** (Circle one)  
M  T  W  Th  F  S  Su

**Will your organization meet during:**  
Semester Break/Summer YES  NO

**(staff charges will apply if requested)**  
Days /Times TSU is scheduled to be closed? YES  NO

**Setup Preference:** (circle one)  
Rows of Chairs  Tables & Chairs  Either

### Equipment

**Food/Beverages**  
Will you be serving food or beverages at the event? YES  NO

Where do you plan on obtaining the food?  (circle one)  
Self  Cater  Approved CSUF Caterer

If you plan on self-catering, have you attended a CSUF Food Handler Training Course? YES  NO

**Amplified Sound**  
For Amphitheatre or Quad events, are you requesting Amplified Sound? (Charges will apply) YES  NO

Amplified sound is limited to Monday-Friday, 12:00noon - 1:00pm, unless otherwise authorized by Student Life

### Speakers/Vendors/Performers

Will you have any guest-speakers at your event? YES  NO

If yes, are the guest-speakers from on-campus or off-campus?  
ON-CAMPUS  OFF-CAMPUS

Do you plan to have performers at your event? YES  NO

Do you plan to invite vendors to your event? YES  NO

Name of all speaker(s)/performer(s) __________________________________________

### Fundraising

Do you plan to charge an admission fee or sell tickets? YES  NO

Do you plan on soliciting donations from your guests or members? YES  NO

If YES  
MONETARY DONATIONS  NON-MONETARY DONATIONS  BOTH

(circle one)

### Co-Sponsorship

A co-sponsor is a department or other group which provides monetary or logistical support (arranging speakers, volunteers, materials, etc.) to your organization for this event.

Is the event being co-sponsored by a CSUF Department or Off-Campus Organization? YES  NO

If YES, name of co-sponsor: __________________________________________

Is the event related to instructional course scheduled by CSUF? YES  NO

### Advisor/Student Life & Leadership Authorization

Authorization of Club Advisor or Student Life representative, only if required by UCC staff.

Advisor/SLL Name (Please print)  
Signature  
Extension  
Date

### Club President Authorization

I have reviewed the event with the requester and agree that the student organization will be responsible for all details and charges related to the event.

Club President Name (Please print)  
Signature  
Phone  
Date

### Guest Countries

Percentage of guests who are Students _____%  vs.  CSUF Faculty/Staff _____%  vs.  Off-Campus _____%

Will there be any guests under the age of 18 who are Non-CSUF students? YES  NO

This event is intended for  (Circle as many as apply)  
MEMBERS  STUDENTS  FACULTY/STAFF  PUBLIC

### Requester Signature

I understand that the reservation is not approved until I have received, reviewed, and signed additional paperwork and receive a final confirmation from the University Conference Center.

Requester Name (Please print)  
Signature  
Phone  
Date