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:

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

Type of Event: Meeting _____ Speaker _____
               Other ____________________________

Anticipated Attendance: __________

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

Time: __________
Circle one) M T W Th F S Su

Semester Break/Summer YES NO

Days/Times TSU is scheduled to be closed? YES NO

Rows of Chairs Tables & Chairs Either

Food/Beverages

Approved CSUF Caterer

You attended a CSUF Food Handler Training Course? YES NO

Amplified Sound

Are you requesting Amplified Sound? (Charges will apply) YES NO

Monday-Friday, 12:00noon - 1:00pm, unless otherwise authorized by Student Life

Guests

STUDENTS _____% vs. CSUF Faculty/Staff _____% vs. Off-Campus _____%

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

Requester Signature

Advisor/Student Life & Leadership Authorization

Authorization of Club Advisor or Student Life representative, only if requested by advisor

Advisor/SLL Name (Please print) Signature

Club President Authorization

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

Club President Name (Please print) Signature

Co-Sponsorship

A co-sponsor is a department or other group which provides monetary or logistical support (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

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

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You attended a CSUF Food Handler Training Course? YES NO

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