

FACILITY RESERVATION AGREEMENT

Please Print – Only One Reservation Per Form

Organization/Group/Department _____

Advisor/Faculty/Staff Name _____

Event Name _____

Room(s) Needed _____

**If the above room is unavailable, would an alternate, comparable location be suitable? yes no

Approximate Number of People: ____

SINGLE RESERVATION DATE/TIME:

_____ AM PM _____ AM PM

Date (mm/dd/yy) Start Time End Time
_____ AM PM _____ AM PM

Actual Event Time* Start Time End Time
_____ **if different from reservation time*

All reservations should reflect setup and tear down time.

Room reservation requests must be made a minimum of 24 hours prior to event.

ONGOING RESERVATION DATE(S)/TIME(S):

_____ AM PM _____ AM PM

Start Date (mm/dd/yy) Start Time End Time End Date (mm/dd/yy)

This ongoing reservation should be reserved: weekly bi-weekly monthly other: _____

By signing this form, I agree to notify the Housing and Conference Services office of any changes that may take place prior to the event. I have received a copy of the Southeastern University Policy and Procedure regarding use of college facilities. I understand all facilities used will be left in a clean and orderly manner. I understand that I and/or the organization I represent will be financially responsible for damage to any Southeastern facility or equipment. I understand that I and/or the organization I represent will lose the opportunity to reserve college facilities if these policies and procedures are not followed.

Name of Requestor _____

Phone/Ext. _____ Box # _____

E-mail _____

Signature of Requestor _____

Date (mm/dd/yy) _____

Signature of Advisor/Leader _____

EQUIPMENT AND ROOM SETUP NEEDS

No equipment or special setup will be needed.
(Please indicate the number of each item you will need.)

____ Drum Sets ____ Percussion Microphone
____ Direct boxes ____ Wireless Microphone
____ Piano ____ Choir Microphone
____ Keyboard ____ Audio feed (VCR, etc.)
____ Monitors ____ Vocal Microphone
____ Instrument Microphone
Instrument: _____

Other/Room setup needs: (be specific)

Please note: All requests for equipment and special room setup must be made directly to the department responsible for that equipment.

For Office Use Only: Facility Management Calendar _____ Date Confirmed _____

Revised October 2005