

# Student Activities Center Reservation Form

## Please Print Clearly- Only One Reservation Per Form

Organization/Group/Department: \_\_\_\_\_

Advisor/Faculty/Staff Name: \_\_\_\_\_

Event Name and Description: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Approximate Number of People: \_\_\_\_\_

**SINGLE RESERVATION DATE/TIME:**

	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Date (mm/dd/yy)	Start Time	End Time	
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Actual Event Time*	Start Time	End Time	
	<i>*if different from reservation time</i>		

*All reservations should reflect setup and tear down time.*

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**Room reservation requests must be made a minimum of three (3) weeks prior to event.**

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

	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> 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 Student Life 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 university 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 university 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 (REQUIRED)

***By turning in this form, your reservation is not guaranteed. You will be notified via email on the approval or denial of your event.***

*Please note: All requests for equipment and special room setup must be made directly to the department responsible for that equipment.  
 Audio/Video: Media Services, Ext. 5087  
 Chairs/Tables: Environmental Services, Ext. 5056*

<b>For Office Use Only:</b>	Approved or Denied
Student Life Calendar _____	Date Confirmed _____ Confirmation Number _____
Office Personnel Initials _____	VPSD Approval _____