

ROOM RESERVATION FORM

Completed form must be submitted to _____ at least 14 days in advance.

Date received _____

Web _____

****PLEASE NOTE THAT FORM RESERVES SPACE, IT DOES NOT APPROVE THE EVENT****

Sponsoring Organization/Department: _____

Event Name: _____

Person responsible for event: _____

Phone: _____

Fax: _____

Local mailing address: _____

E-mail address: _____

Building / Area / Room Requested	Date(s)			Event Time		Time Room Reserved (includes set up and take down)	
	Month	Day	Year	From	To	From	To

Description of event as it should appear on the Web Event Calendar:

Catering

Is Catering Required?

_____ YES _____ NO

If no, is a food waiver required?

_____ YES _____ NO

Is extra time needed for food set-up?

_____ YES _____ NO

**For food arrangements, please contact BASC at 395-2379

Invited Guests

Please identify those who are invited to attend or speak at the event

Total Number of Expected Guests: _____

_____ President/Provost

_____ Students

_____ Faculty/Staff

_____ Outside Guests/

_____ General Public

Additional Details/Special Requirements

Attach a separate diagram for room set-up, or draw in box below

Equipment Requested

Sponsor is liable for loss and/or damage to any room, furniture, and equipment

please indicate total number of items needed below

Room Furniture

_____ Chairs

_____ Tables

_____ 6'

_____ Round

_____ Risers

_____ 8"

_____ 16" w/ stairs

_____ 32" w/ stairs

_____ Trash Barrels

_____ White Sign Stands

_____ Table-top Stands

Electronics

_____ Microphones

_____ Corded

_____ Cordless

_____ Overhead

_____ Screen

_____ Laptop

_____ LCD Projector

_____ Speakers

_____ Internet Access

_____ Sound System

_____ TV/VCR/DVD/CD

_____ OTHER

Parking Services

If expecting off campus guests, parking arrangements must be made. Please complete the Visitor Pass Request form online at www.basc1.com/parking

Contract Signature

I have read the policies governing the service, equipment, security, and facilities requested. I understand them and accept responsibility for my organization/department to adhere to the regulations.

_____ Person Responsible for event

_____ Date

_____ College Advisor (Dean or VP if Required)

_____ Date

Note: Reservation requests are not confirmed until all necessary signatures are obtained, information submitted, and this reservation is approved by the overseeing office.

Policies for space reservations can be found at:

www.brockport.edu/campuslife/about/reservations

For Office Use Only

Form distributed to:

_____ Advisor

_____ Concessions

_____ Athletics

_____ Campus Life

_____ Classroom Tech.

_____ F & P

_____ BASC

_____ Fine Arts

_____ Building Coordinator

_____ Parking

_____ BSG

_____ Registrar

_____ Rec. Services

_____ University Police

_____ OTHER