

Facilities Reservation Form

PLEASE NOTE: This is a request only! Your reservation is not final until you have received an email confirmation from this office.

Reservation requests must be received a week before the intended event is to occur for consideration.

Do you have equipment needs and/or special requests? Please list.

Contact Information Sponsoring Organization/Department: Registered Student Organization? Yes No Contact Person's Position in Organization/Department: **Contact Person: Contact Peron's Email:** Phone: Fax: Organization Advisor Mailing Address (Street, City, State, Zip): **Organization Advisor Email Event Information** Name of Room/Space to Reserve: Location of Room/Space (Building & Room number): **Event Title:** Type of Event: Event Date (dd/mm/yyyy): **Expected Number of Attendees:** Time Needed (this should include set-up and clean-up time as necessary) PΜ AM To: **PM** AM From: **Set-Up Information** Will you need tables and/or chairs? Yes No If yes, please complete the following: Quantity of tables: Quantity of chairs How would you like the tables and chairs arranged? (lecture, seminar, open square, u-shape, etc.)

Payment Information

If you are a non-housing	donartment or	non-housing studen	t organization	there may be a	\$75 room rontal charge
if you are a non-nousing	department or	non-nousing studen	t organization.	there may be a	5/5 room rental charde.

Please include your University ChartString to which the charge may be applied:

By signing below, you indicate that you read, understand and agree to adhere to the University Housing Facility Reservation Policies and the University Housing Community Guide (https://housing.uga.edu/uploads/documents/CommunityGuide.pdf). Any violation of these policies may result in a loss of reservation privileges for you and/or your organization.

Signature:								
Date:								
For Direct charges only University ChartString (Fu	und_Program_Class_I	Department):						
For Office Use Only								
Date Received:								
Approved?	Yes	No						
Approved by:								
If not approved, reason(s) for non-approval:								
Date Set-Up Submitted:								
Date Charge Submitted:								
Cancellation Date:								

Revised: April 2, 2019