

Start Date

End Date (if applicable)

Duration: Beginning & Ending Times (Specify AM/PM)

Start Time

End Time

Approximate Number Attending

BUILDING: (check building and indicate room number(s))

- | | | | |
|--------------------------|------------------|-----------|-------|
| <input type="checkbox"/> | Academic | Room #(s) | <hr/> |
| <input type="checkbox"/> | Business | Room #(s) | <hr/> |
| <input type="checkbox"/> | Lindquist Center | Room #(s) | <hr/> |
| <input type="checkbox"/> | Technical | Room #(s) | <hr/> |

Estimated Fees:Room Rental

Staffing/Maintenance

TOTAL AMOUNT DUE

Copies Sent To:

- Dean of Instructions Office
- Dean of Students Office
- Maintenance Office
- Director of Computer Services
- Director of Learning Resource Center
- Director of Lindquist Student Center
- Director of Admissions
- Director of Allied Health
- Director of Financial Aid
- Technology Specialist
- TRiO
- (other)

- (other)

- (other)

Date Copies Sent:

Organization Contact Information:Function:

Contact Person:

Organization Name:

Street:

City/State/Zip:

Contact Phone:

Special Requests:**Phy Ed/Gym/Pool:****Audio/Visual Needs:****Meeting Room Needs:****Other:**Approval Signature:

Approval Date:

Organization Signature:

Date:
