

University Housing Space Reservation Request Form

*University Housing sponsored events have priority over events sponsored by non-University Housing groups/departments.
This request may not be approved, or an alternate space may be assigned.*

Person Requesting Space _____ **Campus/Local Phone Number** _____

Cell Phone Number _____

Campus Address _____ **Organization/Department** _____

What university account number should be charged? Budget Purpose # _____

(If you are unaware of your BP# please ask your Fiscal Officer)

Space requested Circle one:

Bluff: Multifunction Room Conference Room Learning Resource Center Lecture Room Lobby Area/Table Volleyball Court

Cougar Village: Multifunction Room (420/Commons/529) Conference Room Study Lounge Lobby Area/Table
Basketball Court Volleyball Court 400-side Tennis Court 500-side Tennis Court

Prairie: Multifunction Room Learning Resource Center Lecture Room Lobby Area/Table Volleyball Court

Woodland: Multifunction Room Conference Room Learning Resource Center Meeting Room Lobby Area/Table
Woodland Bowl

Evergreen: Multifunction Room Lobby Area/Table Classroom 284 Classroom 283 Conference Room

Today's Date _____ **Date of Event** _____ *** Name of Event** _____

**Non-Housing organizations may only submit a room request 14 days (about 2 weeks) in advance of the requested date.
Reservations must be received at least 48 hours (about 2 days) prior to the event.*

Description of Event _____ **Estimated Attendance** _____

Start Time (allow for set up) _____ *a.m. p.m. **End Time** (allow for cleanup) _____ * a.m. p.m.
**Set up is no more than 1 hour before the event* ** All events must end by 11:30 p.m. Sunday – Wednesday and by
midnight Thursday - Saturday **CV spaces 10:30 PM*

Audio/Visual Requests (Res. Hall Multifunction Room Only) Projector Microphone Screen Other: _____

UHFМ Set-Up requested by organization? No Yes*

**Please note that a charge will be assessed for all set-ups and teardowns. This includes anything that is changing the room from the current set-up. Space Set Up Request Forms must be submitted at least 2 working days in advance of the event. 7 working days is preferable.*

By signing below, you agree to all the policies and guidelines for using University Housing space outlined on the Reservation webpage.

Signature of Requestor _____ **Date** _____

Signature of Advisor/Fiscal Officer (for student groups) _____ **Date** _____

OFFICE USE ONLY

Is this a University Housing-sponsored event? Check one: Yes No

Housing Staff member Liason: _____

Housing FIC Associated: _____

Check one: *Approved* *Denied* **Comments:** _____

University Housing Space Set-Up Request Form

This form is due to UHFM at least seven working days prior to the event

Event Name _____ Event Location _____ Event Date _____

Event Start Time _____ Event End Time _____ Set up needed by (time) _____

Contact Name _____ Contact Phone Number _____

Contact Cell Phone Number _____

Please sketch a diagram below that reflects how you would like the space set up for your event (be sure to include reference points such as doors so that UHFM staff will understand how to set up the space):

Additional Description/Comments (Be sure to include the number of chairs and tables needed and where they should be placed). Also list any electrical needs:

Furniture Inventory Per Building:

Furniture will not be moved from other buildings to accommodate an event. Only respective furniture may be used; number of chairs available reflects maximum capacity. Set up will occur as permitted by codes, space, and availability of equipment.

BUILDING	ROUND TABLES	RECTANGLE TABLES	CHAIRS	ROOM CAPACITY
Woodland	10	10	100	100
Bluff	10	10	100	100
Prairie	0	10	100	100
Cougar Village Commons	4	4	50	50
Evergreen Hall multifunction room	17	17	230	210
Evergreen Hall classroom 284	16 butterfly	0	40	70
Evergreen Hall classroom 283	0	0	40 with arms	70

OFFICE USE ONLY

This set up should be billed: YES NO

If "yes," amount to be billed \$ _____

University account number to be billed: _____

UH office staff will bill the appropriate office/organization.

Billing complete on (date) _____ by (name) _____