



FOR OFFICE USE ONLY	Reservation # _____
	Date / Time Received _____
	Student Activities Director _____
	Security Required _____

MULTIPLE DATE REQUEST FORM

(Must be attached to a Room Reservation Request form.)

Organization Name: _____

Event Name: _____ Number Attending*: _____

Event Date(s): First Choice _____ Second Choice _____

Room Requested: First Choice _____ Second Choice _____

Reservation Time (includes time for setup/tear down)

Event Time (actual event time)

Start Time: _____ End Time: _____

Start Time: _____ End Time: _____

Event Name: _____ Number Attending*: _____

Event Date(s): First Choice _____ Second Choice _____

Room Requested: First Choice _____ Second Choice _____

Reservation Time (includes time for setup/tear down)

Event Time (actual event time)

Start Time: _____ End Time: _____

Start Time: _____ End Time: _____

Event Name: _____ Number Attending*: _____

Event Date(s): First Choice _____ Second Choice _____

Room Requested: First Choice _____ Second Choice _____

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* Security may be required. The need for security at your event will be determined per University Center Security Policies. **Charges apply.**

By signing this room reservation request form, you agree to the general conditions as stated on this form and the policies of the University Center. Furthermore, you and/or your organization accept responsibility for any and all expenses incurred. If you have any questions or concerns about your reservation or University Center policies, please contact the University Center.

Signature of Reserving Party

Date