# REQUEST FOR ROOM OR FACILITY USE

Date

Name of Organization,

Club or Group Requesting Room:

Description of Activity:

Building and Room

Needed: Hours of Room Use: to

Hours of Event: to

(if different)

Dates:

Day(s) of Week:

Expected Number of People:

IMPORTANT: This is not a service contract. It is your responsibility to contact the departments to confirm the availability of services. Please check the services required:

Maintenance \_\_\_\_\_ Audiovisual \_\_\_\_\_ (email to [cscu@service-now.com](mailto:cscu@service-now.com))

Special Arrangements: (Tables, Seating, Lighting, Microphones, Lectern, etc.)

Name of person responsible for use of facility or room:

Contact Person

Extension or Cell Phone (for weekends)

IF THIS EVENT IS CANCELLED, PLEASE NOTIFY ALL CONCERNED PARTIES IMMEDIATELY!

For Office Use:

x Original to Events Management coordinator

Copies to:

Dean of Academic & Student Affairs Information Center

Associate Dean of Campus Operations Building Superintendent

Computer Center ([cscu@service-now.com](mailto:cscu@service-now.com)) Library

(use for Audio/Visual too)

Initial here if copies have been sent

If you need hospitality supplies (coffee urn, hot water only urn, plates, napkins, cups, etc.) please type the items below. It’s okay to go to the next page if needed.