

Room Request Form

California State University, Northridge
 Office of Academic Resources & Planning
 University Hall 205 (**new location**)
 PH: (818) 677-3283
 FAX: (818) 677-4933
 Email: reservearoom@csun.edu

Reservation Number _____

Reservation Confirmed by _____

Date _____

(Please Type or Print Clearly)

Name of Sponsoring Organization/Club/Department _____ Date of Application ____/____/____
 Event Name _____ Type of Activity _____
 Requestor's Name _____ Title _____
 Address _____ City _____ State _____ Zip _____
 Daytime Phone _____ CSUN Email _____

Applicant certifies that: The proposed activity is to be conducted in accordance with the policies and procedures stated in the facilities use guidelines (csun.edu/academic-resources-planning/room-reservations). **There is no food allowed in the lecture rooms on campus.** It is the responsibility of each group using the room to leave it in the condition it was received. **Failure to follow this policy or damage caused to the room will be grounds for denial of future use of the room.** The department/club/sponsoring organization will be charged for repairs caused by the failure to follow this policy.

Requestor's Signature: _____ Date: ____/____/____

Please Note: A confirmation copy will be returned to you by the provided email. A completed form must be submitted ten working days prior to the event date. A new form must be submitted each academic year.

Meeting Day:

Recurring Meetings

Mon Fri Weekly Monthly Other _____
 Tue Sat
 Wed Sun
 Thurs

Bldg	Room# (s)	Start Date	End Date	Start Time	End Time

Special Requests

Bldg	Room#(s)	Date(s)	Start Time	End Time

Nature of Event: _____

Estimated # of Guests: _____ Will a Fee be charged?: Yes, amount \$ _____ No

Will there be an off-campus guest? Yes No If yes, _____
Name Title Company

Please go to Risk Management for a Release/Waiver form URL: <http://www-admn.csun.edu/ehsr/risk/index.htm>

PLEASE NOTE: Requests will not be confirmed without appropriate signatures. By signing below you acknowledge that special permits or other CSUN requirements have been met or arrangements made prior to the event start date.

_____/_____/_____
 Director / Department Head / Advisor Date Signature required for all weekend usage by any department on campus.

_____/_____/_____
 Matador Involvement Center (x5111) Date Signature required for all student groups for all events.