

LECTURE ROOM FORM

California State University, Northridge
Office of Academic Resources & Planning
University Hall 270
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 _____ Fax _____ Email _____

Applicant certifies that: The proposed activity/event is to be conducted in accordance with the policies and procedures stated in the facilities use guidelines and accepts and responsibilities described. **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 a clean condition. Failure to leave a clean room and any defacement caused to the room and its furnishings will be sufficient grounds for denial of future use of the room and the department/club sponsoring organization will be charged back for any repair work for additional cleaning costs incurred to bring the room back to its original condition.

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

Please Note: A confirmation copy will be returned to you by fax or Email. A completed form must be submitted ten working days before the event or this request will be subject to cancellation without notice.
***A new form must be submitted each semester for semester-long meetings.**

Meeting Day:

Recurring Meetings

<input type="checkbox"/> Sun	<input type="checkbox"/> Thu	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Other _____
<input type="checkbox"/> Mon	<input type="checkbox"/> Fri			
<input type="checkbox"/> Tue	<input type="checkbox"/> Sat			
<input type="checkbox"/> Wed				

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

Special Events

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 speaker? 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: A room reservation will not be confirmed without appropriate signatures. Your signature indicates that special permits, clearances, or other requirements have been met or that needed arrangements have been made to satisfy these requirements

_____/_____/_____
Director / Department Head / Advisor / MAR 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.