

Room Reservation Request Form

California State University Northridge
Office of Academic Resources & Planning
University Hall 270
Phone: (818) 677-3283
Fax: (818) 677-5018

Reservation Number _____

Reservation Confirmed By _____

Date _____

Instructions: Please type or print clearly. A confirmation copy will be returned to you, preferably by fax. **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 group meetings.**

Room Reservation Request

Name of Event or Type of Activity _____ Date of Application ____ / ____ / ____

Name of Sponsoring Organization/
Club/Department _____

Name of Person making application _____ Title _____

Address _____ City/State _____ Zip _____

Phone Number _____ Fax Number _____ 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 the responsibilities described. N.B. 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 or additional cleaning costs incurred to bring the room back to its original condition.

Signature _____ Date ____ / ____ / ____

Room Requested	Dates	Setup Start	Event Starts	Event Ends	Strike End

Nature of Use _____

Estimated Number of Guests Attending _____

Will an admission fee be charged? _____ If yes, please indicate amount \$ _____

Will there be an off-campus speaker? _____ If yes, please provide name, title and company _____

Please have the speaker complete and sign the Guest Lecture Release/Waiver form found at:
<http://www-admn.csun.edu/insrisk/forms/guestlecturer.htm> For more information about this please contact Risk Management x2401.

N.B. 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.

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

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

Account	Fund	Program	Dept ID	Class	Project