



ROOM RESERVATION FORM

Please request at least one week in advance of event date

- Student Organization Event**
- Program Council Event**
- Class Meeting/Study Group/Other**

Date of reservation: _____ **Start/End** time of reservation: _____

Organization name: _____

Name of requestor/title: _____

Requestor's email: _____ Requestor's phone _____

Briefly state the purpose of this request: _____

Number of attendees expected: _____

Is this a recurring event? **Yes/No**

If recurring, what is the **Frequency**: _____ **Duration**: _____ to _____

Location requested: _____

AV needs: _____

Requestor's Signature: _____

_____ Date

APPROVAL REQUIRED -- FOR OFFICE USE ONLY

Approval: _____

OSA Program Manager

Date

****NOTE:**

File with OSA: TDBaker@msm.edu