

Complete the information below and return this form at least 48 hours prior to the reservation. Please print clearly.

Reservations not valid without Registrar/Event Services authorization stamp.

**Type of Request:**

- Classroom** (Return form to Registrar's Office, Parsons 009, x2020)  
 Unlock Outside/Classroom Building door?  
 **Non-Classroom** (Return form to Event Services, HMSU 222, x3817)

Date: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Requested By: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Number of Participants: \_\_\_\_\_

Building: \_\_\_\_\_ Room Desired: \_\_\_\_\_

Purpose: \_\_\_\_\_

Date(s) Requested: \_\_\_\_\_

Full semester?

Unlock Time: \_\_\_\_\_ AM   
 \_\_\_\_\_ PM

Event Time: \_\_\_\_\_ AM  to \_\_\_\_\_ AM   
 \_\_\_\_\_ PM  \_\_\_\_\_ PM

Lock Time: \_\_\_\_\_ AM   
 \_\_\_\_\_ PM

**Special Notes:**

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**IMPORTANT: ACCEPTANCE OF REQUEST**

If your room request is approved, you accept full responsibility for the room and its contents and agree to adhere to all Facilities Use Guidelines and Policies outlined in the Indiana State University Handbook, section 700. You are also responsible for making sure that the room is locked upon your exit. Your organization's on-campus Advisor/Sponsor will need to unlock any needed electronic equipment for you.

**ADVISOR/SPONSOR APPROVAL**

Advisor/Sponsor: \_\_\_\_\_  
PRINTED NAME

Advisor/Sponsor Phone: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

**OFFICE USE ONLY**

**ORR Fax To:** x4400 Public Safety  
 x8450 Custodial  
 x4251 Event Services

Processed By: \_\_\_\_\_

**EVENT SVCS Fax To:** x4400 Public Safety  
 x8450 Custodial

Processed By: \_\_\_\_\_