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

**Type of Request:**
- [ ] Classroom (Return form to Registrar's Office, Parsons 009, x2020)
- [ ] Non-Classroom (Return form to Event Services, HMSU 222, x3817)

- [ ] Unlock Outside/Classroom Building door?

**Contact Phone:**

**Room Desired:**

AM
PM

AM
PM

AM
PM

AM
PM

**Date:**
[ ] Full semester?
[ ] AM
[ ] PM
[ ] AM
[ ] PM

**Organization Name:**

**Requested By:**

**Contact Phone:**

**Contact Email:**

**Number of Participants:**

**Building:**

**Room Desired:**

**Purpose:**

**Date(s) Requested:**

**Unlock Time:**

**Event Time:**

**Lock Time:**

**Special Notes:**

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

**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: ___________________________ Advisor/Sponsor Phone: ___________________

PRINTED NAME__________________________ 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:** _________________________

**Rev 4/19/12**