



# FACILITY/EVENT RESERVATION FORM

Please complete this form and submit to Conference Services (located in Walnut Cottage) no later than two weeks prior to the event.

## Event Information:

Name of Event: \_\_\_\_\_  
(Name as you would like it to appear)

Date(s) of Event: \_\_\_\_\_ Start time \_\_\_\_\_ AM/PM End Time \_\_\_\_\_ AM/PM

Should this event be posted on the Central Calendar? \_\_\_\_\_yes \_\_\_\_\_no

If yes, provide description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Facility/Room Information:

Facilities/Rooms Requested: \_\_\_\_\_

Set-up start time for event: Date \_\_\_\_\_ Set up Time \_\_\_\_\_ AM/PM

Clean up for event completed by: Date \_\_\_\_\_ Completion Time \_\_\_\_\_ AM/PM

## Event Category/Type of Event:

Sponsoring University Organization or Department: \_\_\_\_\_

*\*\* All student organizations must be registered prior to submitting reservation requests.*

*\*\* Sponsoring department is responsible for all work orders, personnel costs and/or catering arrangements.*

Anticipated Audience Size: \_\_\_\_\_ Is an admission fee being charged? \_\_\_\_\_yes \_\_\_\_\_no  
*\*\*All fees must adhere to University collection policies*

Is this an internal event? \_\_\_\_\_yes \_\_\_\_\_no

## Internal Event Criteria:

1. All revenue/receipts collected must be accounted for through appropriate KU collection policy.
2. Must be approved, sponsored and conducted by a University department or organization.

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### **PERSONS SIGNING BELOW WILL BE RESPONSIBLE FOR THIS EVENT DURING ALL TIMES LISTED ABOVE**

Faculty/Staff or Advisor Name: \_\_\_\_\_

Position: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Signature: \_\_\_\_\_

OFFICE USE	
Date Received	_____
Event #	_____
Scheduled by	_____
Sec. Approval	_____
Date Confirmed	_____