

Campus Services

Facility Reservations

***Do not advertise your event until a signed copy of this form is returned to you. You do not have the reservation until you have received a confirmed copy.**

Today's Date: ____/____/____

Name of Event: _____ Contact Person: _____

Phone: (____) _____ - _____ Email: _____

Facility Requested: _____

Date of Event: _____ Times: ____:____ am/pm to ____:____ am/pm

Date of Event: _____ Times: ____:____ am/pm to ____:____ am/pm

Date of Event: _____ Times: ____:____ am/pm to ____:____ am/pm

Estimated Attendance: _____ Set Up Date/Time _____:____ am/pm

EQUIPMENT REQUESTS: *Please circle all that apply*

Audio Visual

P.A. System TV/VCR Slide Projector Overhead Projector Portable Screen CD/Tape Player
LCD Projector Easel/Flip Chart Podium Laptop Computer Other: _____

For VCPA only: Sound Technician Lighting Technician

Food Service Call Epicurian at (510) 436-1050

Residence Hall Call Campus Life at (510) 436-1500

Physical Set-Up Please attach a sheet listing what is needed AND diagram with instructions. (ie: where do chairs go?)

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Sponsor's Agreement: I agree that any damages or losses incurred during the use of University facilities will become the direct liability of my department:

Signature: _____

Sponsor of Event: _____

Date: ____/____/____

OFFICE USE ONLY

__ APPROVED __ DENIED

EVENT # _____ DATE: ____/____/____

SIGNATURE: _____