

CAMPUS CENTER SPACE RESERVATION FORM

University at Albany, Office of Student Involvement & Leadership, CC 130, (518) 442-5566. Additional forms and policies can be found at www.albany.edu/involvement.

Received (date/time/initials)

General Information

Organization Name: _____

Event Contact Person: _____

Cell Phone Number: _____

Email Address: _____

Event Information

Event Title: _____

Date: _____ Reservation Start: _____ End _____

Space Preference: _____ Space Preference (2): _____

Anticipated Attendance: _____

Event Description: *Please provide event description as you would like it to appear on the Student Events Calendar (www.albany.edu/studentevents). Attach additional paper, if necessary.*

Event Start Time: _____ Event End Time: _____

Logistics

Are you requesting authorization to include any loud and/or amplified sound at your event?

This includes music, singing, drumming, dancing, etc.

Yes, Please provide a brief description _____

No

Are you having an outside vendor supply sound or lighting?

Yes *NOTE: There will be an associated fee for electrical support.

No

Do you have an outside speaker?

This includes any speaker who is not a current University student, faculty member or administrator.

Yes (Please complete and attach an Outside Speaker Registration form, resume, or bio.)

No

Are you requesting authorization to serve food or beverage?

Yes (If yes, please review the catering/concession guidelines for student events at www.albany.edu/involvement.)

No

Publicity: *The following advertising methods will be utilized (check all that apply):*

flyers (on-campus) flyers (off-campus) local media web site _____

(Please list all media outlets contacted: _____)

Release

Person Completing Form: _____

Signature: _____ Date: _____

My signature indicates that the information provided above is accurate. I understand that failure to provide accurate information regarding this event may result in its cancellation, as well as suspension of future reservation privileges for the sponsoring organization, and potential judicial referral. It is my responsibility to obtain permission from my Student Involvement Liaison to change the event information provided above. In the event that this reservation is moved/cancelled, after it has been authorized, it is your responsibility to notify the reservations office and/or fill out a new Campus Center Space Reservation Form for the change.

<input type="checkbox"/> Authorized to make reservation	Student Involvement Liaison Signature (REQUIRED)	Date: _____
Liaison's Notes: <input type="checkbox"/> You must meet with your Liaison prior to authorization/signature. Initials _____		Any changes to this event require liaison approval <input type="checkbox"/>