

Student Organization Room Reservation & Set-Up Request

Please complete this form and return to Katie Mosley (Smith 119) at least **3 weeks** prior to event.

Name of Organization: _____

Name of Event: _____

Event Date: ____/____/____ Alternate Event Date: ____/____/____

Type of Event: Lecture Meeting Social Other

If *other*, please describe event: _____

Event Start Time: ____:____ am/pm Event End Time ____:____ am/pm

Set-up start time: ____:____ am/pm Clean up end time: ____:____ am/pm

Contact Person: _____ Cell #: _____

Contact Person E-mail: _____@student.lagrange.edu

Event Location

Choice #1: _____

Choice #2: _____

Choice #3: _____

Event Set-Up

of tables: _____

of chairs: _____

Is technology needed? YES NO

If yes, please describe the technology needs: _____

Will food and/or drinks be served? YES NO

Date Submitted: ____/____/____ Submitted by: _____

Date submitted to National: ____/____/____ Confirmation sent: ____/____/____