

## **Student Organization Room/Zoom Request Form**

## **One activity per request form:**

Name of Contact Person:				Today	Today's Date:			
Phone #:			Email	l:				
Name of S	Student C	Drganization:						
Name/Des	scription	of Activity:						
Please list in order the date/room you prefer Is this a recurring event?								
Date	Prep Time <sup>1</sup>	Start Time – End Time	Clean-up Time <sup>1</sup>	# of people	Food (y/n)	Room Pref <sup>2</sup>	_	
	 			<u> </u>			4	
		 		<u> </u>	<u> </u>		4	
	 	 	<u> </u>	<u> </u>			4	
				L			]	
MEDIA REQU	JEST:							
Classroom Se	ervices Use	Only						
Event #		Rec'd	Input		Confirmed (RS0)			

<sup>1</sup> prep time and clean-up time will not appear on confirmation

\_\_\_\_\_

Event #\_

<sup>2</sup> room preferences will be honored whenever possible, however, there is no guarantee

Rec'd \_\_\_\_\_

Every effort will be extended to provide you with a room for the requested date and time. Curricular activities for scheduled classes and exams have first priority for room requests. All student organization room requests must be made through the Director of the Student Center, who will contact Classroom Services. Student Organizations are not to contact Classroom Services directly. You will be notified by the Director of the Student Center with a confirmation.

Input \_\_\_\_\_

Confirmed \_\_\_\_\_

\_ (A/V)

## Submit this form to Adam Burgman at <u>Adam.Burgman@downstate.edu</u>