

Student Organization Room Request Form

CLASSROOM SERVICES & THE STUDENT CENTER Box 14, Fax 7471 Box 114, Fax 1040

Please provide the following information when requesting a room reservation for any campus space. Submit this form to Adam Burgman, the Assistant Director of the Student Life, at <u>Adam.burgman@downstate.edu</u> who will contact Classroom Services. One activity per request form:

Name of Contact Person:				_ Today	Today's Date:			
Phone #:			Email:					
Name of	Student C	Organization:				· · · · · · · · · · · · · · · · · · ·		
Name/De	scription	of Activity:						
Date	Prep Time ¹	Start Time – End Time	Clean-up Time ^I	# of people	Food (y/n)	Media #	Room Pref ²	
MEDIA REQU	JEST: For t	he items listed below, please p	provide the qu	antity needs	ed:			
1. Microphone		2. TV/DVD/VCR	3. Screen	Projection 4. Projector			Overhead —	
Other (be spec	ific):							
Classroom S	ervices Use	Only						
Event #		Rec'd	Input	Confirmed			(RS0)	
Event #	i i	Rec'd	Input		Со	nfirmed	(A/V)	

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.

¹ prep time and clean-up time will not appear on confirmation

² room preferences will be honored whenever possible, however, there is no guarantee