

Student Organization Room/Zoom Request Form

Name of Contact Person:					Today's Date:			
Phone #:			Email:			_		
Name of S	tudent C	Organization:						
Name/Des	cription	of Activity:						
Please list i	n order t	the date/room you prefe	er I	ls this a r	ecurring	event?		
Date	Prep Time ¹	Start Time – End Time	Clean-up Time ¹	# of people	Food (y/n)	Room Pref ²	_	
	 						_	
							_	
		<u> </u>						
MEDIA REQU	EST:							
Classroom Se	rvices Use	Only						
Event #	Rec'd		Input		Conf	firmed	(RS0)	
Event #		Rec'd	Input		Conf	firmed	(A/V)	

One activity per request form:

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.

Submit this form to Adam Burgman at Adam.Burgman@downstate.edu

 $^{^1}$ prep time and clean-up time will not appear on confirmation 2 room preferences will be honored whenever possible, however, there is no guarantee