

Student Organization Room/Zoom Request Form

One activity per request form:

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| --- | --- | --- | --- |
| Name of Contact Person: |  | Today’s Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone #: |  | Email: |  |

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| --- | --- |
| Name of Student Organization: |  |

|  |  |
| --- | --- |
| Name/Description of Activity: |  |

Please list in order the date/room you prefer Is this a recurring event? \_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date | *Prep Time 1* | Start Time – End Time | *Clean-up Time 1* | # of people | Food (y/n) | Room  Pref 2 |
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MEDIA REQUEST:

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| *Classroom Services Use Only*  Event # \_\_\_\_\_\_\_\_\_\_ Rec’d \_\_\_\_\_\_\_\_\_\_\_ Input \_\_\_\_\_\_\_\_\_\_ Confirmed \_\_\_\_\_\_\_\_\_\_ (RS0)  Event # \_\_\_\_\_\_\_\_\_\_ Rec’d \_\_\_\_\_\_\_\_\_\_\_ Input \_\_\_\_\_\_\_\_\_\_ Confirmed \_\_\_\_\_\_\_\_\_\_ (A/V) |

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

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](mailto:%20Adam.Burgman@downstate.edu)