

UNIVERSITY CENTER RESERVATIONS WORK REQUEST FORM

Event Name _____
 Date of event _____
 Room(s) _____

Event Type _____
 Res. Time _____ to _____
 Event Time _____ to _____

Set Ups _____

Est. Attend _____

1. Serving Time _____

2. Serving Time _____

Food: _____

Special _____

Tech Service _____

Linens _____

Decorations _____

Cost/Person _____

Room charge _____

Late charge _____

We must have a final attendance number by the times listed below:

- By 12:00 noon Thursday for a Monday event
- By 12:00 noon Friday for a Tuesday event
- By 12:00 noon Friday for a Wednesday event
- By 12:00 noon Monday for a Thursday event
- By 12:00 noon Tuesday for a Friday event
- By 12:00 noon Wednesday for a Saturday event

For Billing Purposes, please fill in all fields with a *

Rate Plan: _____			
Admission Charge <input type="checkbox"/>		Items Being Sold <input type="checkbox"/>	
*Organization _____			
*Print Name _____			
*Signature _____			
*E-mail _____			
*Address _____			
*Phone _____			
Home	Business	Fax	
Billing Address (If Different from Above) _____ _____			
*University IDT Account # _____			