Student Organization Room Reservation & Set-Up Request

Please complete this form and return to Ryan Cook (Smith 226) at least 3 weeks prior to event.

Name of Organization: _________________________________________________________

Name of Event: ________________________________________________________________

Event Date: _____/_____/_______     Alternate Event Date: _____/_____/_______

Type of Event:         ☐ Lecture       ☐ Meeting       ☐ Social       ☐ Other

If other, please describe event: __________________________________________________

______________________________________________________________________________

Event Start Time: _____:______ am/pm     Event End Time: _____:______ am/pm

Set-up start time: _____:______ am/pm     Clean up end time: _____:______ am/pm

Contact Person: _______________________________     Cell #: ________________________

Contact Person E-mail: _________________________@student.lagrange.edu

Event Location

Choice #1: _______________________________

Choice #2: _______________________________

Choice #3: _______________________________

Event Set-Up

# of tables: _______

# of chairs: _______

Is technology needed?   YES    NO

If yes, please describe the technology needs: _________________________________________

______________________________________________________________________________

Will food and/or drinks be served?  YES    NO

Date Submitted: _____/_____/______ Submitted by: ______________________________

Date submitted to National: _____/_____/______ Confirmation sent: _____/_____/______