RSO Event/Meeting Request

Please complete this form and place it in the Room Request folder outside of CC 024 in the Student Activities Center.

All events must be in the keeping with the stated mission of the university. Please refer to http://www.bellarmine.edu/about/Mission.aspx.

Request submission includes:

- Checking the availability of your preferred room location on the Bellarmine University Campus Schedule located at http://schedulerplus.bellarmine.edu/SAVii/SAViiText.asp. (Area in Café Ogle/Campus Ministries is Campus Center Foyer.)
- Due to space limitations on campus at this time, it is highly encouraged to turn this form in <u>at least three weeks ahead of time, if not earlier</u>. All requests must be turned in <u>at least 2 weeks prior to the requested event</u>. If submitted after this time, your request may be denied.

Upon event approval:

- Meeting/event announcements may occur once you have received confirmation of your reservation(s) from the Student Activities Center, rso@bellarmine.edu.
- If your event is **cancelled**, you should notify Student Activities at rso@bellarmine.edu, as soon as possible. Failure to do so may result in temporary loss of reservation privileges.
- Catering requests and reserving equipment through **Media Services are your responsibility**. See the RSO Handbook for contact information and procedures.

Registered Student Organization (RSO) Name:		
RSO Contact Name:	RS	RSO Contact Email:	
Event Name:		Event Date(s):	
Event Location Choices (List at Le	ast 3):		
Event Start Time:		Event End Time:	
Setup Start Time:	C	leanup End Time:	
Expected Attendance:		Catered Event:	Yes or No
Nature of Event (Check all that app	ly):		
☐ Career/Professional Development	□ Community Service	* *	
☐ Multicultural Development	□ Personal/Social Development	Development	
Detailed Description of Event:			
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Facilities Request (tables, chairs, po	wer requirements, etc.): (Please be ver	ry specific and attach diagra	ims, if necessary.)
Requestor Signature:		Date:	
Advisor Signature:		Date:	
The Ast Callers in West Hall in	IMPORTANT INFORMA		
• • •	not to be used as a meeting room or rec rying the location are responsible for al	*	
	razier: balloons, smoke/fog machines, a		
	the policy and procedures outlined on p		hook Copies of the
	COMPLETE THIS FORM WILL R		
	COMPLETE THIS FORM WILL K	ESCET IN DENTILE OF I	ALQUEST
Office Use Only:			
Approved By:	D: 4 604 1 4 4 4 4 4		
Danied Day	Director of Student Activities	Date	
Denied By:	Director of Student Activities	Date	
Reason for Denial:	2 - Cook of Connect Heavities	Dutt	

Request Date: Approval Date: Updated January 1, 2011