

ROOM REQUEST FORM

*In order to process all room reservation requests, please return this form to the main GSP Office **3 business days prior** to the date the room is needed.*

Name of Person Reserving Room: _____

Campus Address: _____ **Campus Phone:** _____

Size of Group: _____ **Date of Event:** _____

Starting Time: _____ **Ending Time:** _____

Purpose of the meeting? _____

What room(s) would you like to reserve?

- | | | |
|-----------------------------------|------------------------------|-----------------------------|
| _____ Siena Secondo 136 | _____ Cralle* | _____ Hilary's* |
| _____ Pasteur 102 (Small Theatre) | _____ Frazier | _____ Pasteur 002* (PC lab) |
| | _____ Other (please specify) | |

*These rooms are reserved as classrooms, so we will not be able to accommodate your requests all the time.

What other A/V (Audio/Visual) supplies will you need for your class?

Signature of Reserving Party Date

Director's Approval Date