



Reservation Office Use Only Date: _____ Time: _____ Initials: _____
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CLASSROOM RESERVATION REQUEST FORM

Form Submittal Date: _____ / _____ /20____

Contact and Event Information *(Please print.):*

Class or Event Name:	_____		
Contact Person:	<i>(First Name)</i>	<i>(Initial)</i>	<i>(Last Name)</i>
Mailing Address:	_____		
Telephone Number:	<i>()</i>	Alternate Number:	<i>()</i>
Email:	_____		
FACULTY SIGNATURE:	_____		

Rooms Available for Reservations

PAC 009, 100, 104, 105, 109, and Conference Room
FAB 212, 214, 218, 365

		Building	Room No.	
Room Preference	First Choice			Charges :A minimum charge of Fifty Dollars (\$50) will be assessed to clean the venue if the venue is found in disarray after the event. <i>(No exceptions.)</i> No food or drinks allowed.
	Second Choice			
	Third Choice			

Dates and Time Room is Requested

Day of Week	Month	Date	Time Needed
			_____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. to _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
			_____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. to _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
			_____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. to _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
			_____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. to _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

Submit completed form to PAC 112

*Contact Alison Crumpton at (601) 266-6121 for reservations for Marsh Auditorium.
 Contact Rusty Rolison at (601) 266-5620 for reservations for MPAC and Bennett Auditoriums.*