

UNIVERSITY RELIGIOUS CENTER
SPACE USAGE REQUEST FORM
(Please Print Clearly)

Name of Organization: _____
(No acronyms, please)

Contact Person: _____ Position: _____

Student ID # or Department Name: _____

Telephone #: _____ E-mail Address: _____
(The response will be sent via e-mail unless you request otherwise.)

Mailing Address/Mail Code _____

Day	Date	Time	Space Requested

Semester Reservation?: _____
(If yes, indicate semester)

Description of Event: (What you will be doing; Expected attendance; Are you serving food? alcohol?; etc.)

I have read the University Religious Center Space Usage Policy (rev. 7/2007) and, on behalf of myself and/or my organization, agree to its terms and conditions. I am responsible for all URC keys issued to me or my group for use at this event and agree to the fees set forth in the Policy.

Print Name: _____

Signature: _____ Date: _____

Please return to the Office of Religious Life in URC 106.

Date	Status	Front Desk Coordinator signature

Statement of Responsibility:

I will be responsible for this key and turn it in as agreed on _____ or upon leaving the university.

Signature Date Issued

Key # Code	Deposit Amt.	Borrower Name	Staff Initials	Date Returned	Staff Initials