

Georgia Southern University
Campus Recreation & Intramurals
Facility Management

PO Box 8078
912-478-5436
912-478-1892 (fax)
C/O Chris Butler

Received by: _____
Date: _____
Time: _____

Reservation Request Form

All requests for recreational facilities must be made by completing this form and turning it into the facility director at the Recreation Activity Center, at least **two weeks** prior to the event. **THIS FORM IS A REQUEST FORM ONLY! YOUR RESERVATION IS NOT FINAL UNTIL YOU HAVE RECEIVED A CONFIRMATION FROM THE RESERVATION OFFICE.**

DAY & DATE OF ACTIVITY: _____ **Attendance Expected:** _____

Name or Dept. _____

Eagle Identification Number: _____

GSU Affiliation: Student Org. _____ Faculty/Staff _____ Department _____ Community _____

Address/ P.O. Box: _____

City: _____ State: _____ Zip: _____

Event Title: _____

Location Desired: _____

Time of Activity: _____ AM/PM to _____ AM/PM Setup: _____ AM/PM

Description of Activity: _____

Name of event contact: _____

Signature of Event Contact **Phone:** (H) _____ (W) _____
Email: _____

Organization President Signature

Organization Advisor Signature

Greek Life Administrator Signature

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Cost of Admission and/or cost of items to be sold. Describe items to be sold. _____

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Tables (Quantity _____) | <input type="checkbox"/> Chairs (Q: _____) | <input type="checkbox"/> Coolers (Q: _____) | |
| <input type="checkbox"/> Sound System | <input type="checkbox"/> Stage | <input type="checkbox"/> Microphone | <input type="checkbox"/> Dry Erase Board |
| <input type="checkbox"/> TV/VCR | <input type="checkbox"/> Laptop | <input type="checkbox"/> Projector | <input type="checkbox"/> Lectern w/ Mic |
| <input type="checkbox"/> Projection Screen | <input type="checkbox"/> Bingo | <input type="checkbox"/> Bleachers | <input type="checkbox"/> Volleyball Equipment |

Food or Beverage at the event? YES NO

If so, describe the type and amount of food and/or beverages that will be available at the event (be very specific) _____

Please provide a diagram or describe event set-up in detail (when necessary):

For Office Use Only

Reservation Fee: _____	Security Personnel Required: _____
Total Charge: _____	Number in Attendance: _____
Setup Staff Need: _____	Custodial Needed: _____
_____	Notes: _____
Event Staff Needed: _____	_____
_____	_____
_____	_____