

## MEETING SPACE REQUEST FORM

*-Submit to the Office of Student Activities for Processing-*

\*\*\*Note: This form is meant for reservations where no setup is needed (i.e. a classroom) and for regular organization meetings. It can be for a one time meeting or a recurring meeting for the semester. If you are having an event, please use the Event and Funding Request Form.\*\*\*

Organization: \_\_\_\_\_

Space Requested: \_\_\_\_\_ (Option 1) \_\_\_\_\_ (Option 2)

Date of Meeting: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Purpose of Meeting: \_\_\_\_\_ Regular Organization Meeting  
\_\_\_\_\_ Other: \_\_\_\_\_

Size of group: \_\_\_\_\_

### Organization Representative:

Name/Title: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ AU Email: \_\_\_\_\_

Signature: \_\_\_\_\_

### Advisor:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please turn in no later than 2 WEEKS prior to the meeting  
to insure the space is available.**

<i>Office of Student Activities Use Only</i>	
Date Submitted to Reservations: _____	Date of Response from Reservations: _____
Approved _____	Denied _____
Comments: _____	
Staff Member Initials: _____	