



Claremont

Collegiate Apartments

Space Reservation Form

Space Requested: **(Circle one)** Community Room Back Patio

Resident Responsible for Event **First Name:** **Last Name:**

Date of Event : **(Circle day)** Mon Tue Wed Thurs Fri Sat Sun

Resident Apt #: Resident Phone #: Resident Email:

Organization/ Group Sponsoring event:

Event Setup Time: am/pm Event Start Time: am/pm Event End Time: am/pm

Number of Expected Guests (minimum of 5 required to reserve Community Room):

Audio Visual Needs:

Do you need access to the Community Room TV or AV equipment? **(Circle one)** Yes No

To what equipment do you need access? **(Circle one)** DVD/VCR Computer HDMI Video

Food/Beverage:

Will food and beverages be present? **(Circle one)** Yes No

Give a brief description of the above food and beverage:

Marketing:

Do you wish to advertise this event? **(Circle one)** Yes No

Which method of advertisement will you utilize? **(Circle one)** Flyer Website Word of Mouth

Please submit a copy of your advertisement (All advertising must be approved by Housing Services prior to posting or distribution)

Signature of responsible Resident X

My signature acknowledges that I have read and understand the Community Room Guidelines, especially that damage or cleaning charges may be applied to my student account if I or any other individual who is a part of my group is found responsible for damage or needed cleaning. An email will be sent to you within two (2) business days after the form is received which will indicate the status of your request.

Office Use Only:

Received Date: Approved **(Circle one):** Yes No Pending

Reason for Denial:

Pending/Additional Information Needed:

Status Email Sent by: Sent Date: