

Meeting Request Form

Organization Information:

Organization: _____

Contact Name: _____

Preferred Contact Info: _____

Meeting Request Information:

Requested Meeting Location: _____

Alternate Meeting Space: _____

Day of Week _____ Date: ___/___/___ Time _____ (am/pm) - _____ (am/pm)

Reoccurring all Semester End Date: ___/___/___

Expected # of People: _____

Supplies:

• AV Requested: _____

Mic ___ # ___ Speakers ___ # ___ Laptop ___ # ___ Projection _____

• Campus Services: Tables # ___ Chairs# ___ Other _____

• Food Request:

A student catering form must be attached for food requests. Any food requests over \$50 must be approved through the Funding Review Board. Failure to pick up ordered food will prohibit any further food order for the remainder of the school year. Food request cannot be made for reoccurring meetings.

Estimated Cost of Food: \$ _____ . _____

By signing below, you hereby state that the above information is valid and truthful. Please submit form to the Student Activities Office at least three weeks in advance.

(Signature)

(Date)

(Advisor Signature)

(Date)