

**College of Education**  
**Willard Hall Facilities Reservation Request**  
**For Campus Departments**

Event \_\_\_\_\_

Date \_\_\_\_\_ Day of the Week \_\_\_\_\_

Set Up: Start Time \_\_\_\_\_ End Time \_\_\_\_\_

Event Actual Start Time \_\_\_\_\_ Expected Attendance \_\_\_\_\_

Will You Have Food? Yes No

Responsible Party

Name \_\_\_\_\_ Office # \_\_\_\_\_ Phone # \_\_\_\_\_

School/Dept \_\_\_\_\_

Organization Account # \_\_\_\_\_

Reserved Facilities

Extra Charge Report

\*Living Room \_\_\_\_\_

\_\_\_\_\_

Terrace \_\_\_\_\_

\_\_\_\_\_

East Parlor \_\_\_\_\_

\_\_\_\_\_

Grand Piano \_\_\_\_\_

\_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

*\*The Willard Hall Living Room furniture is not to be moved without prior arrangements through Willard Scheduling and can only be moved by authorized staff.*

I, the responsible party, have read and understand the scheduling guidelines. I will be in attendance at the above stated event in order to enforce these guidelines. I understand that the department I am representing will be responsible for any damages to the scheduled facilities and for any extraordinary cleaning required.

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of COE Representative

\_\_\_\_\_  
Date

