

College of Education
Willard Hall Facilities Reservation Request
For Student Organizations

Event _____

Date _____ Day of the Week _____

Reservation Start Time _____ Reservation End Time _____

Event Start Time _____ Expected Attendance _____

Will You Have Food? Yes No

Responsible Party (Staff/Faculty Representative)

Name _____ Office _____ Phone # _____

Title _____ 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 student organization 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

