

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

