

Date Received: \_\_\_\_\_  
Received By: \_\_\_\_\_

Check One: <input type="checkbox"/> Dr. White Conference Room <input type="checkbox"/> Ring Room <input type="checkbox"/> Board Room
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# CROSS-CULTURAL CENTER

## ROOM RESERVATION FORM

### Organization/Department Information:

Org/Dept.: _____
Name of Requestor: _____
ID#: _____ Title/Position: _____
Address: _____
City/Zip: _____ Phone: _____
Email: _____

### Accounting Information (Departments):

Accounting Contact Person:
Name: _____
Phone: _____
Department Recharge #: _____ - _____ - _____

### EVENT INFORMATION:

Event Date: \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year

Event Title: \_\_\_\_\_  
\_\_\_\_\_

### Type of Event:

- Lecture
- Meeting
- \_\_\_\_\_

Event Time: \_\_\_\_\_ am/pm TO \_\_\_\_\_ am/pm  
Reservation Time: \_\_\_\_\_ am/pm TO \_\_\_\_\_ am/pm

Expected Attendance: \_\_\_\_\_

Admission Charge:  Yes  No  
Food:  Yes  No  
Security:  Yes  No

### TERMS FOR USE OF FACILITY *(Initial next to each):*

- Room reservations do not include set-up or maintenance. Organizations/departments are responsible for set-up and timely clean-up of facility after the event. \_\_\_\_\_
- Damage and/or extra clean-up costs will be assessed to sponsoring organization or department. \_\_\_\_\_
- Tables, chairs, and other furniture are for indoor use only—they cannot be taken outside of the conference rooms. They must be returned to its original location. \_\_\_\_\_
- Organizations/departments are responsible for securing necessary audio/visual and approved catering services as needed. \_\_\_\_\_
- Policies and procedures regarding the consumption of alcoholic beverages/drugs will be strictly enforced. \_\_\_\_\_
- Room cancellations must be made 24 hours in advance, except for dances which need to be made 48 hours in advance. \_\_\_\_\_
- Provisions for security must be made and verification submitted to a CCC representative. \_\_\_\_\_
- Conference room doors that lead to patios/outside areas cannot be propped. \_\_\_\_\_
- Organizations/departments cannot tape signs/posters on CCC walls, doors and tables to protect the paint and furniture. \_\_\_\_\_

In requesting use of the Cross-Cultural Center, I acknowledge that the proposed event is to be conducted in accordance with University rules and regulations, and I ACCEPT FULL RESPONSIBILITY FOR THIS EVENT. I shall notify the Cross-Cultural Center staff if I need to cancel this activity within the specified timelines and I acknowledge that I may be responsible for a cancellation fee for any directly incurred expenses in accordance with the Cross-Cultural Center policies.

Authorized Signer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by the CCC Staff: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY:

# of Hours: \_\_\_\_\_ Fee: \_\_\_\_\_ Billing/Journal Date: \_\_\_\_\_ Forwarded to: \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_