UCI CROSS-CULTURAL CENTER
ROOM RESERVATION FORM

TERMS FOR USE OF FACILITY (Please read carefully)

• User affirms that any use of facility under this agreement shall be done in a manner adhering to all applicable state and federal laws.
• The proposed event is to be conducted in accordance with University rules and regulations and UCI Student Center policies and procedures.
• Objectives of solicitation must be clearly stated and the sponsoring organization identified with the articles for sale. Any records of the funds raised can be audited by Student Life & Leadership.
• The CCC reserves the right to cancel, reschedule, or relocate reservations if academic conflicts or other unforeseen events necessitate such action.
• Provisions for security must be made and verification submitted to a CCC representative.
• Any public showing of copyrighted material must be done with appropriate license.
• Conference room doors that lead to patios/outside areas CANNOT be propped and no taping of signs/posters on CCC walls, doors and tables.
• Tables, chairs, and other furniture are for indoor use only—under no circumstances should furniture be taken outside of the conference rooms, and they must be returned to its original location.
• I shall notify the 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.
• I ACCEPT FULL RESPONSIBILITY FOR THIS EVENT

ADDITIONAL CHARGES (please initial)

_____Org/Dept are responsible for set-up and clean up of facility.
   Damage and/or extra clean-up costs will be assessed to sponsoring Org/Dept.

_____Org/Dept will be charged for any misused, damaged, broken, or lost audio and visual equipment, aside from manufacturer defects or technical failures.

_____Room reservations canceled or changed within 2 business days of the event will incur a $25 charge.

_____Room reservations made within 3 business days of the event will incur a $25 charge.

_____Room reservations for classes are subject to 50% of room charges if cancelled.

By Signing below, you acknowledge that you have read, understand and agree to the terms for use of facility

Authorized Signer Signature: _________________________________________ Date: ______________________

Approved by CCC Staff: ________________________________________________ Date: ______________________
UCI CROSS-CULTURAL CENTER

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ONLY AUTHORIZED SIGNERS ARE ELEGIBLE TO RESERVE ROOMS

By signing this document, you authorize an internal billing transaction.

ACCOUNTING INFORMATION

This form acts as a receipt for your department.

Accounting Contact Person

Name: __________________________________________
Phone: _________________________________________
Address: ________________________________________

Org/Dept: _____________________________________________
Name of Requestor: ______________________________________
Title/Position: __________________________________________
Phone: _______________________________________________
Email: ________________________________________________

Event Title: ____________________________________________________________________

Type of Event:_____________________________         Expected Attendance: _____________

Date & Time Preference

1st Choice
Date: ___________________________  Weekly? (Y/N)
Time: ____________ AM/PM to ____________  AM/PM

2nd Choice
Date: ___________________________  Weekly? (Y/N)
Time: ____________ AM/PM to ____________  AM/PM

Room Preference (please rank 1st, 2nd, 3rd Choice)

Dr. White Room  Max. Capacity 120
Audio Equipment? □ Yes □ No
Projector? □ Yes □ No

Ring Room  Max. Capacity 80
Audio Equipment? □ Yes □ No
(Projector? □ Yes □ No)

Board Room  Max Capacity 19
Audio Equipment? □ Yes □ No
(Projector? □ Yes □ No)

Event Details

Will you be presenting copyrighted materials? □ Yes □ No
Admissions Charge? □ Yes □ No
If yes, how much? ________________________
Security Needed? □ Yes □ No

Will you have food? □ Yes □ No
If yes, is this event catered? □ Yes □ No
If co-sponsored, what is the name of the Co-Sponsor? ________________________
Special requests? ________________________________________________________

FOR OFFICE USE ONLY

# of Hours: ____________  Fee: ____________  Date Sent to BSO: ____________  □ EMS  □ Confirmation

Comments: __________________________________________________________________

Page 2 of 2