

- **Deadline = 7 to 10 days prior to first meeting date– submit to OSE ***

MEETING SPACE RESERVATION FORM

Fall _____ Spring _____

Day of Week: _____

RECURRING ___ ONE DAY _____

RANDOM DATES _____

Date submitted to OSE: _____

STUDENT ORGANIZATION: _____

Contact Name: (PRINT CLEARLY) _____

Cell Phone Number: _____

RECURRING MEETINGS: DAY OF WEEK: _____ **Est. attendance:** _____

PURPOSE: Meetings _____ Rehearsals _____

START DATE: _____ **END DATE:** _____

(check) Weekly: ___ Every two weeks: ___ Monthly: _____

ONE-TIME MEETING: DAY/DATE: _____ **Est. attendance:** _____

RANDOM DATES: _____

PURPOSE: Meetings: _____ Rehearsals: _____ Auditions : _____

LOCATION: First choice: _____

(if outside, also choose Rain Location below)

Second (or Rain Location): _____

START TIME: _____ a.m. p.m.

Set up time: _____ a.m. p.m.

END TIME _____ a.m. p.m.

Clean-up time: _____ a.m. p.m.

SPECIAL NOTES OR REQUESTS: (i.e., room set up, technical needs)

OSE use only (rev Nov 2016): *Date & Time received:* _____ *Date entered:* _____

Reservation # _____ *Date Confirmed:* _____ *E'md. contact:* _____ *Initials:* _____