UNIVERSITY OF THE DISTRICT OF COLUMBIA
SPACE RESERVATION REQUEST

Today’s Date: ____________________

This form should be submitted at least FIFTEEN working days prior to the proposed activity or services may not be available. Final reservation is not confirmed until the requesting organization receives a copy of this form signed by the Coordinator of Space Reservations.

Open flame devices or flammable materials of any nature must not be brought into any building.
The University of the District of Columbia is a Drug Free Zone

Name and Title of Applicant: ___________________________________ Phone: __________________

Address of Applicant: ________________________________________

Name of Organization: _________________________________________

Event Date: ____________________ Hours Reserved: ____________________

Hours of Event: ________________________________________________

Space Desired:
☐ Windows Lounge  ☐ Firebird Inn
☐ Building 44 A-03  ☐ Other

Name and complete details of the program or activity:
________________________________________________________________

________________________________________________________________

Expected Attendance: __________________________________________

Support Services needed: ☐ Tables  ☐ Chairs  ☐ Custodial  ☐ Security
☐ Program is open to: ☐ Student Body  ☐ Faculty  ☐ Members Only
☐ Registrants  ☐ Public

Admission fee: ☐ Will be charged  ☐ Will not be charged
☐ Food: ☐ Will  ☐ Will not be used

Signature of Applicant

Signature of Club or Organization
(Advisor/Sponsor) Responsible for the University Group’s Activity and Conduct and will be present during hours of University/Civic Event. Day time Phone Number: ____________________________

Vice President of Student Affairs
Authorization of Student Program
Student Organizations Only

Signature of Dean (if applicable)

Coordinator of Space Reservations

Please select a diagram of setup for proposed activity (See reverse)

Rev. 09/10  D.C.