



**The University of Georgia  
Department of University Housing  
Facilities Reservation Request Form**

*Please Complete and Return to the Appropriate Office*

Name of Organization: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Person Responsible: \_\_\_\_\_ Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address of Person Responsible: \_\_\_\_\_

Position in Organization: \_\_\_\_\_ Registered Organization?  Yes  No

Facility Requested: \_\_\_\_\_  
(See attached policy for specific names of areas that may be reserved.)

Intended use of the facility: \_\_\_\_\_

Date(s) Needed: \_\_\_\_\_ \*Time(s) Needed: From: \_\_\_\_\_ To: \_\_\_\_\_  
\*Be sure reservation time includes set-up and breakdown time as necessary

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

Will you need tables and/or chairs?  Yes  No Please list quantity: \_\_\_\_\_ Tables \_\_\_\_\_ Chairs

Do you have other equipment needs and/or special requests? Please list: \_\_\_\_\_

By signing below, you indicate that you have read, understand and agree to the Department of University Housing Facilities Reservation Policies. Any violation of these policies may result in a loss of reservation privileges for you and/or your organization.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:**

Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_

Approved:  Yes  No By: \_\_\_\_\_ Date: \_\_\_\_\_

Reason(s) for Non-Approval: \_\_\_\_\_

*White - Office      Yellow - Building Supervisor      Pink - Department/Organization*