University of Pittsburgh at Titusville

Office of Facilities Management Coordinator of Conferences and Facilities Use

504 East Main St. P.O. Box 287 Titusville, PA 16354 Telephone: (814) 827-4509 Fax: (814) 827-4519 E-mail: jlwagner@pitt.edu

STUDENT ORGANIZATION RESERVATION FORM

NOTE: All three pages of this form must be completed and submitted to the facilities office; including all setup and/or service requirements, <u>at least one week in advance</u> of the date of the event. Completing this form does not guarantee your reservation until you receive confirmation from the Office of Facilities.

Requesting individual_____

Requester's Telephone Number

Campus Email

Organization or office_____

Requester's Email Address_____

student organizations.

Department Head_____

EVENT INFORMATION						
Name of Event						
Type of Event Meeting Dance Speaker Banquet Practice Community Service Project Fundraiser Event Other, please be specific						
Date(s):						
Attendance Expected_		Admission Fee				
Program Open To:	Public	□ Students	□ Faculty/Staff			

Location		Date and Times				
Building	Room	Month/Day/Year	Setup Start Time	Event Start Time	Event End Time	Cleanup End Ti
			1	1		

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ROOM SET UP (number if appropriate)	PERSONNEL SERVICES
_ Tables	Projectionist
Chairs	Lighting
Piano	Sound
_ Podium	Custodial
_ Staging	Security
Other	Other
Other	
EQUIPMENT (specify type and number)	CATERING (check all that apply
Microphone	Buffet Line
CD Player	Sit-Down Meal (served)
Stage Lighting	Reception
_ Computer	Breakfast
Other	Lunch
Other	Supper
	Pastry/Coffee
OTE: SPECIFIC CATERING ARRANGEMENTS	Coffee, Soda Service
MUST BE MADE WITH FOOD SERVICE	Coffee Service Only
	Other

PROVIDE A DIAGRAM AND DETAILS OF SET UP REQUIREMENTS ON THE NEXT PAGE SPECIAL PROCEDURES APPLY TO THE USE OF CAMPUS AUDITORIUMS.

I understand that this event must be carried out in accordance with the relevant policies and procedures of the University of Pittsburgh and the Titusville Campus, and, if applicable, with the laws of the Commonwealth of Pennsylvania. I acknowledge that any damage to equipment or property resulting from this event will be charged to my department or organization.

Signature of Requester	Date
Signature of Department Head	Date

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Please draw a diagram of all setup requirements in the space below and provide any additional information related to the event. Use a separate sheet if necessary. **Please be specific!**

If you have any questions about the facilities availability, please call 814-827-4509.

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