

# University of Pittsburgh at Titusville

Office of Student Activities

504 East Main St.  
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Titusville, PA 16354  
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Fax: (814) 827-4450  
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## 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, **at least one week in advance** 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 \_\_\_\_\_ Advisor \_\_\_\_\_

Requester's Telephone Number \_\_\_\_\_ Advisor's Email \_\_\_\_\_

Requester's Email Address \_\_\_\_\_ Faculty/Staff Member Attending \_\_\_\_\_

### 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

### RESERVATION INFORMATION

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

Include time for setup and cleanup; the building will be unlocked and locked at times requested above. The organization is responsible for completely cleaning the area(s) used every time it is used. A staff or faculty member must be present to represent the University at all activities, meetings, events, etc. for student organizations.

# STUDENT ORGANIZATION RESERVATION FORM

## SET UP, SERVICES, EQUIPMENT NEEDS

ROOM SET UP (number if appropriate)
_____ Tables
_____ Chairs
_____ Piano
_____ Podium
_____ Staging
_____ Other _____
_____ Other _____

PERSONNEL SERVICES
_____ Projectionist
_____ Lighting
_____ Sound
_____ Custodial
_____ Security
_____ Other _____
_____ Advisor _____

EQUIPMENT (specify type and number)
_____ Microphone _____
_____ CD Player _____
_____ Stage Lighting _____
_____ Computer _____
_____ Other _____
_____ Other _____

CATERING (check all that apply)
_____ Buffet Line
_____ Sit-Down Meal (served)
_____ Reception
_____ Breakfast
_____ Lunch
_____ Supper
_____ Pastry/Coffee
_____ Coffee, Soda Service
_____ Coffee Service Only
_____ Other _____

**NOTE: SPECIFIC CATERING ARRANGEMENTS  
MUST BE MADE WITH FOOD SERVICE**

**VISITOR PARKING:** Visitors must pick up a parking pass from the Campus Police Office in Spruce Hall or park on the street.

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

## AUTHORIZATION

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 Advisor \_\_\_\_\_ Date \_\_\_\_\_

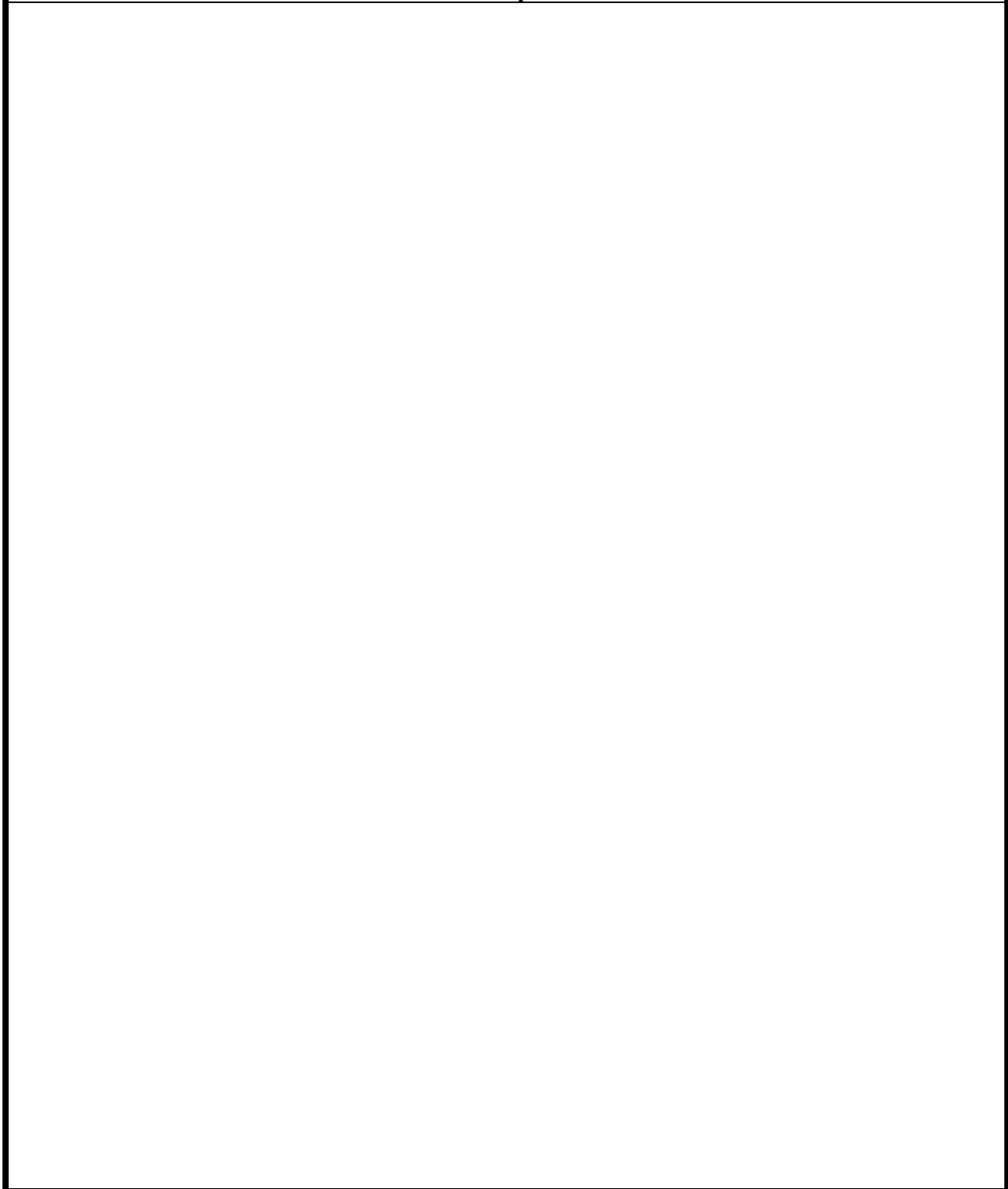
Signature of Staff/Faculty Member Attending \_\_\_\_\_ Date \_\_\_\_\_

Signature of Student Affairs Designee \_\_\_\_\_ Date \_\_\_\_\_

# STUDENT ORGANIZATION RESERVATION FORM

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 814-827-5567.