



ROOM REQUEST FORM
 Valparaiso University
 464-5007 Fax: 464-5029
 You can also use
www.valpo.edu/union/reservations
 to request a reservation.

Official Use Only

Call Back Confirmed

Verbal Confirmation - Not Entered

Staff Initials: _____

Date: _____ Time: _____

Su	M	T	W	R	F	Sa
August 2005						
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Su	M	T	W	R	F	Sa
September 2005						
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

Su	M	T	W	R	F	Sa
October 2005						
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Su	M	T	W	R	F	Sa
November 2005						
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

Su	M	T	W	R	F	Sa
December 2005						
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

- Special Dates:**
- Aug 23 Classes Begin
 - Oct 7-9 Homecoming
 - Oct 20-21 Fall Break
 - Oct 28-29 Parents Weekend
 - Nov 19-27 Thanksgiving Break
 - Dec 9 Classes End
 - Dec 11 Commencement
 - Dec 12-16 Finals

Event Information

Event Date: _____ Event Time: _____ AM PM

Est. Attendance: _____ Room: _____

Event Name: _____

Event Type (circle): Meeting Lecture Meal Reception Dance Concert Help Session

Entertainment Rehearsal Info Table Other _____

Set Up (circle): Standard Classroom Lecture Tables Other _____

Rounds # _____
 6' # _____
 8' # _____

Equipment (circle): LCD Projector #____ Flipchart #____ Staging 4'x8' Sections
 Laptop #____ Lectern #____ 8" High #____
 Overhead Projector #____ Whiteboard/Markers #____ 16" High #____
 Slide Projector #____ Corded Microphone #____ 24" High #____
 Video Projector #____ Wireless Microphone #____
 DVD Player #____ CD Player #____
 TC/VCR #____ Portable Screen #____
 VCR #____ Easel #____

Catering Information

Type of Service (circle): Breakfast Meal Time: _____ AM PM
 Lunch Served or Buffet
 Dinner
 Other: _____

Contact Information

Organization/Department: _____
Student organizations must be recognized by Student Senate

Contact Person: _____

Phone: _____ Email: _____

Confirmation Address: _____

Signature: _____