

Today's date _____

Organization _____

Name _____

Phone _____ Email _____

Requested date(s)/time (may only book 30 days in advance)

1. _____
2. _____
3. _____
4. _____

Purpose _____

NOTE: If this request involves the collection of items for donation and/or is revenue producing, you must also attach a completed Collection/Fundraising request.

PLEASE ALLOW TWO WEEKS FOR PROCESSING

FOR OFFICE USE ONLY			
Request is <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Accepted with conditions			
Comments/conditional agreements _____			
Student Life		Date	_____
Request decision communicated via	<input type="checkbox"/> Phone	<input type="checkbox"/> Email	<input type="checkbox"/> In Person
	<input type="checkbox"/> R 25 Req.	<input type="checkbox"/> R 25 Confirmed	<input type="checkbox"/> Bruin Beat <input type="checkbox"/> Digital Display <input type="checkbox"/> Calendar
		Date	_____