SUNY Brockport

ROOM RESERVATION REQUEST FORM

Please note this form is a request for space, and is subject to approval

Today's Date:	
EVENT INFORMATION	
Event Name (*as it should appear on the calendar*):	
Sponsoring Organization/Department:	**Phone:**
Person Responsible for Event:	**Day-of Event Phone** (*cell*)**:**
Description of Event:	**E-mail:**
	Show on Events Calendar:

Will this event occur in more than one building on campus?	◯ Yes ◯ No	**If yes, please list all spaces on this form and submit to the University Events Office at universityevents@brockport.edu for further assistance.**

SPACE REQUESTS

Building/Area/Room(s) Request	Date(s)			Event Time		Reserved Time (Includes set up and tear down)	
	Month	Day	Year	From	To	From	To

For any additional details or requirements, please attach a diagram and/or list.

ATTENDEE INFORMATION

Total number of expected guests:	**VIP (President/Provost):**	
Faculty/Staff (*estimated number*)**:**	**Students** (*estimated number*)**:**	**Outside Guests** (*estimated number*)**:**

FOOD PLANS

Are you planning to have food (*please explain*)**?**

If so, please contact Garnishes Catering at 395-2379 to make arrangements and discuss your options.

EQUIPMENT REQUEST

Furniture	Type	Quantity	A/V	Type	Quantity
Chairs:			**Microphones:**		
Tables:			**Screen:**		
Risers:			**Laptop:**		
Trash Barrels:			**Projector:**		
White Sign Stands:			**Speakers/Sound System:**		
Table-top Stands:			**DVD/TV/VCR/CD:**		
Other:			**Other:**		

PARKING

If you're expecting any off campus guests, parking arrangements must be made with Parking & Transportation by contacting 395-PARK.

Additional information can be found at brockport.edu/support/parking/

University Events
SUNY BROCKPORT