## **Attachment A**

## **Reservation Request Form**

PHONE: (828) 227-7206 FAX: (828) 227-7250

This form must be returned with approvals to the University Center 10 business days prior to event date.

If you fail to return this information, your event may be cancelled.

Contact		Name				
none:Email:						
Organization/Department (No Abbreviations):						
Title of Event:	Туре	of Even				
Location of Event:	Date of Eve	ent:				
"Actual" Start Time: "Ac	ctual" End Time:					
Approximate Number of People Attending:  Budget code or Other Method of Payment:						
*ANY & ALL Food must be provided by WCU Dining Services - (828) 22 by an outside source, you must have the Director of Aramark's permiss		like to have food provided				
Aramark Catering? Yes No (if yes, must make arrangen Outside Catering Source? Yes No (if yes, must have signature. Inspector)						
Signature of Senior Food Service Director, Todd Littrell:		Date:				
Signature of Health Inspector:		Date:				
Is this a BYOB event? Yes No (Illusions and The Cats Den are on *If Yes, separate paperwork is required.	ily spaces available for	- BYOB.)				
Will you or a member of your group be arriving prior to the actual starting time. If so, please indicate what time you need access to the room:		No				
Equipment  Microphone (number needed): Wireless (handheld) Wireless (lapel)_ Sound System (Speakers, CD player) Screen TV/VCR/DVD Number of: Chairs 8' Banquet Tables 6' Round Tables	Corded Po LCD Projector	dium (w/microphone) Laptop				
Will there be a DJ at your event?  Will there be a Band at your event?  Charging Admission?  Yes No  Yes No						

Sponsor Signature					Date:
Approvals_					
Advisor Name:			□Appro	ved □Not Approved	
Iniversity Police:	Tom Johnson	□Approved	□Not Approved	Date:	
Ramsey Center:	Bill Clarke	□Approved	□Not Approved	Date:	
Athletics:	Fred Cantler	□Approved	□Not Approved	Date:	
ntramurals:	Debby Schwartz	□Approved	□Not Approved	Date:	
inal Approval→	University Cente	r Signature:			Date
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