FACILITY REQUEST FORM

MUST BE FILLED OUT IN ITS **ENTIRETY** BEFORE APPROVAL IS GRANTED

Organization _____

Name of Contact Person _____

Daytime Phone _____

Mailing Address _____

_____

E-Mail Address _____

Program or Activity _____

Date of Program _____

Time of Program (include set-up/clean-up)_____

Number Participating _____

Room Requested _____

Alternate Room (if above is unavailable)_____

Does the event require catering? _____yes _____no

(If yes, please contact Dining Services at (325)793-4834)

NOTICE: Reservations are based on availability. Rates are based on room size.

*In making this reservation, the above mentioned **Contact person**, on behalf of the above mentioned **Organization**, agrees to conform with all McMurry rules and regulations as spelled out in the* **Rental Policies**. *The above mentioned also assumes financial responsibility for any damages caused by participants or attendees at this event. McMurry University rules, regulations, and policies will be followed throughout this event and facilities **will be left in their original orderly condition**.*

_____

Organization Representative Date

Please use the back of this form to sketch how you wish tables and chairs to be arranged and note any other needs you may have (sound equipment, curtain dividers, etc.). If we are unable to accommodate, you will be contacted.

Please sign and return this form to:

Shane Hill
Campus Center Operations
Box 275
McMurry Station
Abilene, TX 79697
(325)793-4853 Fax (325)793-4799

FOR OFFICE USE ONLY **DATE: _____**

Reservation Approved ___yes ___no Charge $_____

_____

Campus Center Representative **Date**