

OFFICIAL USE ONLY

Date Copy to: Ronnie _____
Security _____
Mgmt Opns _____
Approving Initials _____

Date: _____

Department #: _____

Account # _____
(REQUIRED)

E. S. GOOD BARN

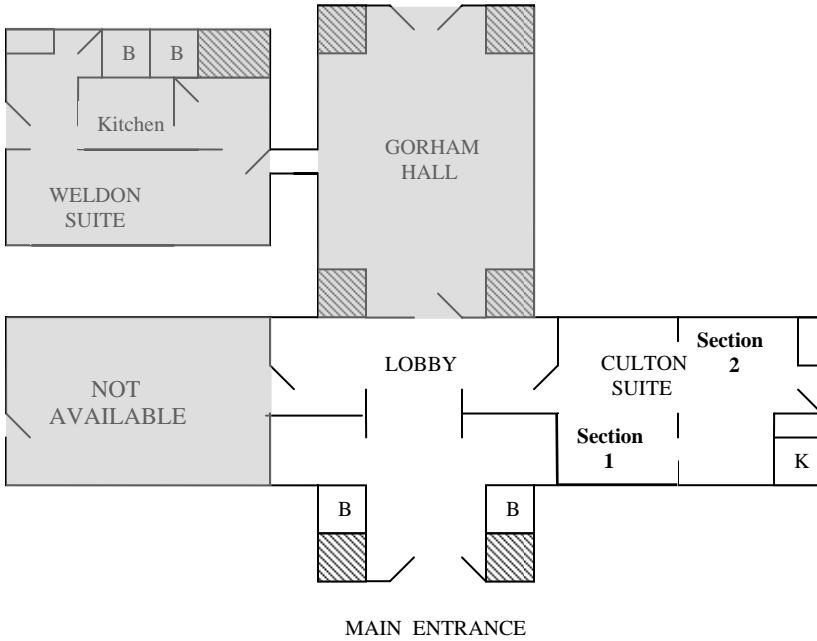
CULTON SUITE – RESERVATION FORM

Name of Group or Conference _____
(PLEASE TYPE OR PRINT)

University Organization Sponsoring Event _____

Date of Event _____ Start Time _____ Ending Time _____
MM/DD/YY AM/PM AM/PM

Number in Group _____ Purpose of Event _____



Check Facility Requesting

Culton Suite
Section 1 _____
Section 2 _____
Culton Suite Kitchen _____
Parking
(Limit of 25 spaces) _____

In requesting this facility, it is necessary to indicate room arrangement desired on diagram below.

Equipment Needed:

Chairs _____ (Number Required)
Tables _____ (Number Required)
Lectern _____

Is food to be served? _____

Approved _____ Disapproved _____

I acknowledge by my signature that I understand and accept all the rules and regulations herein set forth.
(Please read all rules and regulations on the back of this form.)

(Type or Print Name)

(Signature of person making request)

CONFIRMED: _____

Address: Room # _____ Bldg. _____

Phone Number: _____