

**OFFICIAL USE ONLY**

Date Copy to: Ronnie \_\_\_\_\_  
Security \_\_\_\_\_  
Approving Initials \_\_\_\_\_

Date: \_\_\_\_\_

Department #: \_\_\_\_\_

Account #: \_\_\_\_\_  
**(REQUIRED)**

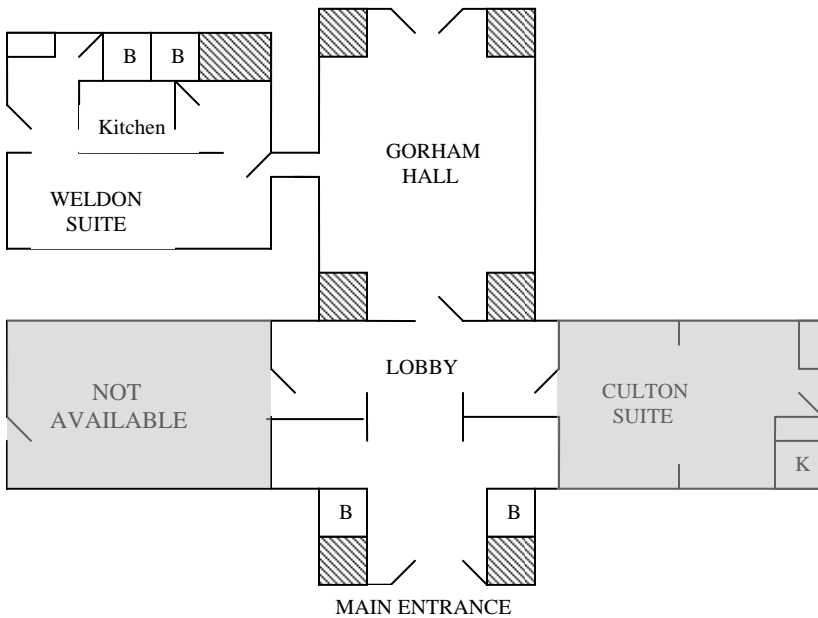
**E. S. GOOD BARN – RESERVATION FORM**

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**

Gorham Hall  
Maximum Capacity 225 \_\_\_\_\_  
\*(Setup Required on Diagram Below)

Weldon Suite  
Maximum Capacity 40 \_\_\_\_\_  
(Setup in "U" Shape)

Weldon Suite Kitchen \_\_\_\_\_

Parking (Limit 25 Spaces) \_\_\_\_\_

\*In requesting these facilities, it is necessary to indicate room arrangement desired on diagram below.

**Equipment Needed:**

Chairs \_\_\_\_\_ **(Number Required)**  
Tables \_\_\_\_\_ **(Number Required)**  
Lectern \_\_\_\_\_  
P.A. System \_\_\_\_\_  
P.A. Operator \_\_\_\_\_

Empty rectangular box for room arrangement diagram.

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: \_\_\_\_\_