

Room and Equipment Booking Form 2009–2010 Form A3

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Please print clearly.

Contact Information

Name _____ Student Group Name _____
 Position in the Student Group _____ Student Group Mailing Address _____
 Mobile Phone _____ Student Group Phone Number _____
 Email _____ Student Group Email _____

Room Booking Information

Date(s) requested _____

Start Time _____ End Time _____ Expected Number of Attendees _____

Requested Room (circle):

1 ST choice	307	311B	311C	313	315C	321
2 ND choice	307	311B	311C	313	315C	321
3 RD choice	307	311B	311C	313	315C	321

Description of the Event (reason for the booking request) _____

Equipment Booking Information

Circle the required equipment.

TV/VCR/DVD set	VCR/DVD (room 307 only)	Projector
Projector Screen	Overhead Slide Player	Dolly
Flipchart		

I have read, understand, and agree to comply with all book conditions listed in the York University Student Centre Booking Agreement 2009-10.

Please note that submitting this form does not guarantee your booking.

Signature _____ Date _____

For office use only

Date Received _____ Received by _____

Booking Details: _____

