

CAMPUS SCHEDULING SPACE REQUEST FORM

Organization/Department: _____

Requestor (please print) _____ Phone Number _____

Signature (MUST be an authorized signer) _____ E-mail _____

Event Title: _____

Day of the Week: M T W TH F SAT SUN

Date(s): _____

Start Time: _____ End Time: _____

Facility Preferences: 1) _____

2) _____ 3) _____

NOTE: Campbell Hall and Isla Vista Theatres require a separate requisition.

See OSL Accountant.

Expected Attendance: _____ — _____

7/03

Event Type: Conference Recreation
 Meeting Performance Film/Video
 Study Session Rehearsal Speaker
 Special Event (describe) Other (describe)

Will you have music? Yes No
 (For Storke Plaza only, if you have music, complete and sign Music Guidelines form)

Special Requirements?

Media equipment required or OSL funds being used?
 Yes _____ No
 If yes, you MUST contact OSL accountant.

If your event is a film, performance, speaker, dance, or special event, you MUST contact an OSL advisor.

**ALLOW 5 WORKING DAYS TO
PROCESS REQUEST**

OFFICE USE ONLY:

Received:

ID#:

Confirmed:

Printed:

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