

FACILITY RESERVATION FORM

HOLY NAMES UNIVERSITY, OAKLAND, CALIFORNIA

Today's Date: ____/____/____

Category: Campus Event Outside Event

Name of Event: _____

Contact Person: _____ Phone: (_____) _____ - _____

Address: _____

Facility Requested: _____

Date of Event: _____ Times: ____:____ am/pm to ____:____ am/pm

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Estimated Attendance: _____ Set Up Date/Time: _____/_____:____ am/pm

- Audio Visual Request** (Circle all that apply):
- | | | |
|-----------------------|------------------|-----------------|
| Public Address System | TV/VCR | Slide Projector |
| Overhead Projector | Portable Screen | CD/Tape Player |
| LCD Projector | Easel/Flip Chart | |
| Podium | Laptop Computer | Other: _____ |

For VCPA only, please circle what applies:

Sound Technician

Lighting Technician

- Food Service Request**
Please call Bon Appetit at (510) 436-1051 for more information.

- Residence Hall Room Request**
Please call Campus Services at (510) 436-1508 for more information.

- Physical Set-Up Request**
Please attach an additional sheet with diagram for set up including what will be needed including instructions on where chairs need to be placed, etc.

***Do not advertise your event until you receive confirmation. You do not have the reservation until you have received a confirmed copy.**

Sponsor's Agreement: I agree that any damages or losses incurred during the use of University facilities will become the direct liability of my department:

Signature: _____

Sponsor of Event: _____

Date: ____/____/____

OFFICE USE ONLY

APPROVED **DENIED**

EVENT # _____ DATE: ____/____/____

SIGNATURE: _____