

# Facility Reservation Form



University of Connecticut  
Women's Center

2110 Hillside Road, Unit 3118  
Storrs, Ct 06269-3118  
Phone - 860/486-4738  
Fax - 860/486-1104

Today's Date: \_\_\_\_\_

Contact Person: _____	
Sponsoring Organization: _____	
Address: _____	
Phone: _____	Email: _____

## Event Information

Facility Requested:  Program Room  Conference Room

Name of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Times: \_\_\_\_\_:\_\_\_\_\_ am/pm to \_\_\_\_\_:\_\_\_\_\_ am/pm

Event Type\*:  Meeting  Class  Lecture  Performance  Other

\*\*For Ongoing Event:  Weekly  Bi-Weekly  Monthly  Other

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Estimated Attendance: \_\_\_\_\_ Set Up Time: \_\_\_\_\_:\_\_\_\_\_ am/pm

What is the purpose of your group/event and how does this support the mission of the Women's Center?

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## Food Service (see "Catering" in policy)

Will food or beverage be served?  Yes  No

Will you need to use the kitchen?  Yes\*  No

\*If Yes, for what purpose? \_\_\_\_\_

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**Audio Visual Request** (Circle all that apply)      TV/VCR/DVD      Slide Projector  
 Overhead LCD Projector      CD/Tape Player      Overhead Projector      Laptop  
 Easel\*      Podium      Other: \_\_\_\_\_  
 \*We do not provide flip chart paper or markers

**Special Instructions/Additional Requirements:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The signature indicates that the contact person above **has read and agrees to the Women's Center's policies** and accepts responsibility during the above event(s), which includes, but is not limited to:

- x The Women's Center reserves the right to determine the appropriate use of our facilities.
- x Reservations for space are group or event specific, and may be changed **only** by the Women's Center staff.
- x Responsibility for setting up the furniture in the room and ensuring the room is cleaned up and returned to its original condition at the end of the event.
- x No tape, nails, staples, etc. may be used on facility walls, ceilings or windows.
- x Responsibility for damage to any Women's Center furnishings or equipment used and any damages to the meeting space itself (furniture, walls, etc.).
- x The Women's Center does not provide any supplies (i.e., markers, flip charts, plates, cups, etc.) or technical support for any of the AV equipment.
- x No unauthorized use of Women's Center equipment or supplies (e.g., computers, copier, fax machine, etc.) is permitted.
- x The kitchen is **only** to be used to prepare light refreshments, which involve **no cooking**, only warming. Individuals or groups utilizing the kitchen facilities must provide their own supplies.

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Office Use Only</b>	
Date Received: _____	Approved by: _____
Date Entered: _____	