ROOM REGISTRATION FORM

This form is used to register all campus club/organization/department initiated functions. It is also a tool for you to utilize while planning your event. It must be complete and include signatures of an organization/department member and the advisor in order to be processed. It will be reviewed and approved by the Director of Student Activities at least 10 business days prior to the event.

General Event Information

Name of Organization/Department: _______________________________________________________

Contact Person: ______________________________________ Phone: __________________________

Event Name: ______________________________________ Event Date: ________________________

Event Start Time: ____________________________ Event End Time: _________________________

Location of Event: (check all that apply)

☐ 35 Comm. Ave. Student Lounge- Back Conference Room ☐ 35 Comm. Ave. Student Lounge-Vending Room
☐ 35 Comm. Ave. Student Lounge-TV Room ☐ 35 Comm. Ave. 1st Floor Entrance ☐ 31 St. James Lobby
☐ 260 Underground ☐ Other (describe): __________________________

Sponsoring Organization: (check all that apply)

☐ Student Association ☐ Club/Organization ☐ Department/Office

Briefly describe the event:________________________________________________________________________

_______________________________________

_______________________________________

Sponsoring Organization/Department Signatures:

We, the undersigned, agree to adhere to Bay State College’s event regulations. We will:

1. Be in attendance at the event for set up and break down and identify ourselves to any staff in charge.
2. Provide clean up for the facility immediately following the function closing.
3. Assume liability for property damage and extraordinary set-up/cleaning charges.
4. Assist in maintaining proper conduct of students attending the function.
5. Each reservation is in charge of notifying the campus community by posting information at the reserved location at least 2 hours before your event.

We understand that if this agreement is violated our event privileges can be suspended and/or be subject to additional sanctions as deemed appropriate. We accept responsibility for insuring the terms of this agreement are met.

Contact: ___________________________ Phone: ___________________________

Advisor/Department Contact: ___________________________ Phone: ___________________________

For more information, please contact:
Kristin Staine, Assistant Director of Student Activities
kstaine@baystate.edu

Student Affairs Office Use Only:
Program approved: ______________ Date of approval: ______________ Contract: Y N