ROOM RESERVATION 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: ______________________________________

*This form is only for common spaces on campus, does not include classrooms.

Sponsoring Organization: (check all that apply) □ Student 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 Involvement & Leadership
kstaine@baystate.edu

Fill out form in its entirety and submit to the Office of Student Involvement & Leadership, 31 St. James Avenue
Contact the Office of Student Involvement & Leadership at (617)-217-9228 or kstaine@baystate.edu with questions.