PUB Display Case/Table Reservation Form

Student Activities Office  Parsons Union Building  Lock Haven University
2015-2016

This form must be completed and returned at least ONE WEEK before the start date of your request

Club/Organization or University Department: ________________________________

Contact Person: _________________________________________________________

Email: ________________________ Phone #: ________________________________

Start Date: ____________________ Start Time: ______________________________

End Date: ______________________ End Time: ______________________________

*ALL items must be removed by building closure on the last day of your approved request*

Display case or table needed:

☐ Display Case  ☐ Table 1  ☐ Table 2

Purpose & Explanation of Display Content:

The Student Activities Office reserves the right to alter all requests or remove inappropriate displays as deemed necessary. Submission of form does not guarantee space; you will be notified by the Student Activities Office to confirm space reservations.

Requestor Signature __________________________ Date __________

Club/Organization Advisor Signature __________________________ Date __________

Office use only:

Facilities Coordinator __________________________ Date __________

Director of Student Activities __________________________ Date __________

Notification:

Date: __________

Initials: __________

Comments: __________________________