Parsons Union Building Game Room Event Request Form
Student Activities Office  Parsons Union Building  Lock Haven University
2015-2016

Requestor Name: __________________________________ Today’s Date: _____________________

Requesting Group: __________________________________ Telephone #: _____________________

**Event Information:**
- Date of Event: ____________________________________ Event Start: _______ am/pm
  - Day of week
  - Date
  - Event End: _______ am/pm

**Description of Event:**

Expected Attendance: ___________

Will you be having food/drink during your event? ☐ Yes ☐ No

Game Room Equipment Needed: ☐ Pool Tables ☐ Ping Pong Table ☐ TV Area ☐ Gaming System

By signing below, we agree to the following terms and conditions:
1. The Office of Student Activities must receive this form at least **TWO WEEKS** prior to the date of the event due to scheduling of the extra staff that will be needed to support your event and to ensure that the game room is not already scheduled by any other group.
2. All groups are encouraged to have an advisor present for the duration of the event.
3. The sponsoring group is responsible for the cleanup of the room upon the completion of the event and must complete clean-up by the regular closing hours of the game room.
4. All guests must be signed in by an LHU student, must show ID, and remain with the LHU student for the duration of the event. If the LHU student who signed in the guest leaves the event, the guest must leave also.

The Student Activities Office reserves the right to alter all requests 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:
☐ Approved  ☐ Denied

_________________________
Facilities Coordinator  Date

_________________________
Director of Student Activities  Date

Office Use Only:
Date: ________
Initials: ________
Comments: