



# STUDENT GROUP RESERVATION REQUEST FORM

Please submit this form **at least 7-10 business days prior to your event.**  
Our office cannot guarantee staff or services for forms submitted past this deadline.  
**\* Reservations are NOT reviewed without a signature.**

## GENERAL INFORMATION

**Please include contact info (name and email) of the individual(s) who will be present at the actual event.**

Group Name: \_\_\_\_\_ Please briefly describe your event: \_\_\_\_\_

Recognized by: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Organization Address: \_\_\_\_\_

## EVENT INFORMATION

Date Of Event(s): \_\_\_\_\_

\* If this is a recurring event, please provide explanation. Ex. Every Friday for the semester, first Friday of each month, etc.

Event Start Time: \_\_\_\_\_ Event End Time: \_\_\_\_\_

Setup Time: \_\_\_\_\_ Breakdown Time: \_\_\_\_\_

\* Please check building hours and include a sufficient amount of time for setup and breakdown, especially for large events.

Space Preference: 1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_ 3<sup>rd</sup> Choice: \_\_\_\_\_

Type of Event (meeting, conference, dinner, etc.): \_\_\_\_\_ Event Title: \_\_\_\_\_

AV or other equipment: \_\_\_\_\_  
(Ex. Overhead, Video Projector, TV/VCR/DVD, Screen, etc.)

Estimated Attendance: \_\_\_\_\_ (Security request form may be necessary)

Will there be food at this event: \_\_\_\_\_ (Food permit may be required)

**\*\*Please visit our website at [www.studentunions.buffalo.edu](http://www.studentunions.buffalo.edu) for the Student Union Policies & Procedures. If you are serving or selling food/refreshments that are NOT being ordered through campus catering (Campus Dining & Shops), it is MANDATORY that you complete an Environmental, Health & Safety Service Food Application. Please contact Liz Hladczuk or Johnny Garcia at 645-2055 ([eam25@buffalo.edu](mailto:eam25@buffalo.edu) or [jrgarcia@buffalo.edu](mailto:jrgarcia@buffalo.edu)) to obtain an application.**

**STATEMENT OF RESPONSIBILITY:** I, \_\_\_\_\_, as the individual to be contacted for any matters and questions concerning this request, do hereby agree to accept responsibility for this event. I agree to adhere to the assurance that the facility requested will be used as stated in the request, that reasonable care will be taken to keep the event orderly, that reasonable care will be taken to enforce the rules and regulations of the University at Buffalo, and effort will be taken to consider the environment when planning and hosting this event.

**\*\*\* CANCELLATION POLICY:** Cancellations **MUST** be made no later than 48 hours prior to the scheduled event. Groups who fail to cancel their reservation within that time frame, will be billed for any applicable charges.

**Please note that this form does not guarantee services. You will be contacted via email once services are confirmed.**

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

## OFFICE USE ONLY

Date of Review: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

( ) Confirmed ( ) Denied

Notes: \_\_\_\_\_