



# VIKING UNION RESERVATIONS REQUEST

Western Washington University  
Bellingham, WA 98225 M.S. 9106  
www.vu.wvu.edu

Phone: (360) 650-3450 Fax: (360) 650-7736

DATE SUBMITTED:

## EXTERIOR SPACE RESERVATION REQUEST

<b>DATE(S) OF EVENT:</b>	<b>LOCATION REQUESTED:</b>
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GROUP/ DEPARTMENT/ AS CLUB	NAME OF EVENT:
PRIMARY CONTACT	TYPE OF EVENT:
CONTACT PHONE #	EVENT START/ END TIME:
MAIL STOP/ AS CLUB MAIL BOX #	ACCESS/ SET READY TIME:
EMAIL ADDRESS	SPECIAL SET UP REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO

FOOD: <input type="checkbox"/> NO <input type="checkbox"/> YES—UNIV. DINING: Please contact the catering office <input type="checkbox"/> YES—NON—UNIV. DINING: Please fill out the caering exempt form at www.catering.wvu.edu	ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES—BANQUET PERMIT REQUIRED (Permit applications are available—VP Student Affairs Office, Old Main 563 & must be requested at least one week in advance)	PAID PERFORMERS? (A.S. student groups only) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> MAYBE If yes, see your A..S. advisor to complete contracts.
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ADMISSION: <input type="checkbox"/> NONE <input type="checkbox"/> \$_____	CHANGE FUND (AS student groups only): <input type="checkbox"/> YES <input type="checkbox"/> NO	ESTIMATED ATTENDANCE:
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**SPECIAL DETAILS OF EVENT:** (please be detailed in sound requirements)

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**OFFICIAL USE ONLY:**  
**RESERVATION/ EVENT MANAGER NOTES:**

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**DIRECTOR APPROVAL:** APPROVED BY: \_\_\_\_\_ DENIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

**By signing this agreement, I agree to abide by the Policies & Procedures pertaining to this request event and am aware they are available at www.vu.wvu.edu**

<b>SIGNATURE:</b>	<b>DATE:</b>
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**NO SOUND AMPLIFICATION OR DISRUPTIVE NOISE ALLOWED BEFORE 5:00 PM ON WEEKDAYS**