

VIKING UNION RESERVATIONS REQUEST

Western Washington University Bellingham, WA 98225 M.S. 9106

www.vu.wwu.edu Phone: (360) 650-3450 Fax: (360) 650-7736

DA	TE SUBMITTED:

ROOM RESERVATION REQUEST:

DATE(S) OF EVENT: LOCATION REQUESTED:							
GROUP/ DEPARTMENT/ AS CLUB				NAME OF EVENT:			
PRIMARY CONTACT				TYPE OF EVENT:			
CONTACT PHONE #				EVENT START/ END TIMES:			
MAIL STOP/ AS CLUB MAIL BOX #				ACCESS/ SET READY TIME:			
EMAIL ADDRESS				SPECIAL SET UP REQUIRED: [] YES [] NO			
FOOD: [] NO [] YES—UNIV. DINING: Please contact the catering [] YES—NON—UNIV. DININ Please fill out the catering of form at www.catering.www.	ALCOHOL: [] NO [] YES—BANQUET PERMIT REQUIRE (Permit applications are available—VP Student Affairs Office, Old Main 563 & must be requested at least one week in advance)		ble—VP Student Affairs	PAID PERFORMERS? (A.S. student groups only) [] YES [] NO [] MAYBE If yes, see your AS. advisor to complete contracts.			
ADMISSION: [] NONE [] \$		CHANGE FUND (AS student groups only): [] YES [] NO			ESTIMATED ATTENDANCE:		
EQUIPMENT QUAN		NTITY ADDITIONAL INFORMATION: (please		INFORMATION: (please	use this space to describe your event)		
TABLES							
CHAIRS							
SCREEN							
PODIUM							
STAGES							
EASLES							
COAT RACKS							
TV/DVD/VCR							
LCD PROJECTOR (AS groups only)							
LAPTOP (VU/ AS Board only)							
TECHNICAL SUPPORT							
BUTTON MAKER (1 1/4, 2 1/4)							
BUTTONS							
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.wwu.edu							
SIGNATURE: DATE:							

A SEPARATE RESERVATION FORM IS AVAILABLE FOR ALL EXTERIOR SPACE RESERVATION REQUESTS