



GLENVILLE
STATE UNIVERSITY

On-Campus Room Request

Contact Information

Name of Group or Organization: _____

Contact Person: _____

Contact Phone: _____

Email: _____

Event Information:

Date of Event: _____ Time Of Event: _____

Room(s) Requested: _____

Title Name of Event: _____

Description of Event: _____

Set-up Required:

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Date Received: _____ By Phone: _____ Email: _____ In person: _____

DATE RESERVATION COMPLETED _____ DATE SET-UP COMPLETED _____