

Tables/Chairs:	Date/Time:
Applicant Name:	Location:

Office Use Only



Space Application

(For On - Campus Events)

Event Name: _____

Room/Area Preference: _____

Alternate Room Preference: _____

Event **START** Date & Time: _____

Event **END** Date & Time: _____

Recurring Event Dates & Times: _____

Contact Name: _____

Club Name: _____

Contact Email: _____

Contact Phone: _____

Details: _____

Number of Participants: _____

*** Please note!*** Completing this form does not constitute booking a room. This form will need to be reviewed by Trent University Administration. **DO NOT** advertise your room location until you have received confirmation from the main office.

ROOM APPLICATION SUBMISSION AND APPROVAL

Submitted by: _____

Printed Name

Signature

Date (DD/MM/YYYY)