Office of Student Life

Niagara County Community College

**Room Reservation Form**

Name of Club/Organization/Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Steps to Follow …

1. Pick up this form in the Office of Student Life (G243)
2. Fill this form out and return to Michelle Kwiatek (G243)

Evet Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start Time: \_\_\_\_\_\_\_\_\_\_ End time: \_\_\_\_\_\_\_\_\_

(Please include the time for set up and take time)

Location:

* Student Entertainment Lounge (SEL) G117A \_\_\_\_\_\_\_\_
* G117B \_\_\_\_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Received by Student Life: \_\_\_\_\_\_\_\_\_\_ Student Life Initials: \_\_\_\_\_\_\_\_