

Northwestern Oklahoma State University
Alva, Oklahoma
Facility Reservation Request

Event _____ Today's Date _____

Date Requested _____ Time _____

Facility Requested _____ Requested By: _____
(Organization, Contact Person & Phone #)

Facility Available _____
Yes No (Supervisor of facilities signature) (Date)

Equipment Needed (List Specifically): _____

Set-Up Plan Approval _____
Yes No Director of Physical Plant Signature

Food Service:

Food or beverage for your event: _____ Yes _____ No

(If yes, food service MUST be contacted.) Signature of Food Service Director indicates the necessary contact was made.

Food Service Director

Student Affairs:

Student Hosts responsible:

Faculty Chaperones (2):

Sponsor(s) Approval:

Event: Closed _____

All College _____

V. Pres., Student Affairs Approval: _____ Date: _____

Approved for College Calendar:

Date: _____

Vice President for Academic Affairs

Business Office Use Only:

Fee(s) Due: _____ Payment: _____ Invoice Date _____

Copies: