

Student Life & Leadership Scheduling Form

SA
CC

ROOM RESERVATION REQUEST

EVENT NAME:	DATE OF EVENT:	
Sponsoring Organization:	Contact Name:	
Expected Attendance:	Phone Number:	
Address:	Email Address:	
Event Start Time:	Set Up time:	
Event Ending Time:	Tear Down Time:	
For Semester Meetings		
Day of Week:	First Meeting Date:	Last Meeting Date:

SCHEDULING ROOMS AND AREAS

AREA OR ROOM REQUESTED: _____

STUDENT EVENT CENTER

AREA SCHEDULED

<input type="checkbox"/>	Entire Event Center
<input type="checkbox"/>	Conference Room A
<input type="checkbox"/>	Conference Room B
<input type="checkbox"/>	Conference Room C
<input type="checkbox"/>	Patio Area
<input type="checkbox"/>	Hall

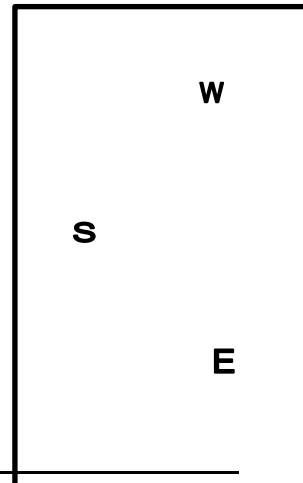
ROOM SET UP

<input type="checkbox"/>	Theater Style (Chairs only)
<input type="checkbox"/>	Classroom (Tables and Chairs)
<input type="checkbox"/>	U-shape or Square (Please Indicate)
<input type="checkbox"/>	Banquet (Round Tables)
<input type="checkbox"/>	Reception
<input type="checkbox"/>	Vendor - Fair Style

Please draw set-up on diagram

OTHER

STUDENT CENTER and QUAD:	Cheryl Sorensen 957-4076	Fax 957-4522	STC 122F
LIFETIME ACTIVITIES CENTER or AMPHITHEATER:	Rick Medley 957-4398	LAC 159	
TAYLORSVILLE CAMPUS:	Marylyn Garcia: 957-4034		
SOUTH CITY CAMPUS:	Mary Ann Hatton dd957-4513	Fax 957-3325	E184
JORDAN CAMPUS:	Miriam Caine 957-2670	Fax 957-2711	
SANDY CAMPUS:	Rochelle Thomas 957-3725	Fax 957-3797	
AIRPORT CAMPUS:	Mechanics 4584, Jerry Carlson (Pilots) 5049		
MEADOWBROOK:	957-4346		



Equipment is available in certain areas and buildings. You will need to check with the person you are reserving your room or area with to see what is available.

Equipment Requested: _____

FOOD

Are you having food? Yes _____ No _____ Food Services Signature: _____

Food for any event must be ordered through SLCC Food Services. Director of Food Services has first right of refusal. Special Requests must be approved by a Food Services manager or his designee

What was ordered? _____

Estimated Cost: _____ **Cost Code:** _____

APPROVALS

Approved by: _____ **Date:** _____
 (Club Advisor if sponsored by a Club)

Approved by: _____ **Date:** _____
 (SL& L Program Advisor)

Approved by: _____ **Date:** _____
 (Cheryl Sorensen - Auxiliary Services)