



# EXTERNAL SPACE REQUEST FORM

CALIFORNIA STATE UNIVERSITY, LOS ANGELES  
 5154 State University Drive, Rm # 107  
 Los Angeles, CA 90032-8636  
 Phone: (323) 343-2450 Fax (323) 343-2454

## Requestor Information

Name of Sponsoring club/organization: \_\_\_\_\_  
 Reservation Contact Name\*: \_\_\_\_\_ Event Contact\*\*\*: \_\_\_\_\_  
 Phone number: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Email: \_\_\_\_\_ Email: \_\_\_\_\_

Faculty/Staff Advisor Name: \_\_\_\_\_ Email: \_\_\_\_\_

\*The Reservation Contact must be listed on the Student Organization Officer Information Form as registered by the Center for Student Involvement and their signature is required on the subsequent reservation confirmation form.

\*\* The Event Contact does not have to be listed on the Student Organization Officer Information Form. The Event Contact will be able to checkin, revise, and sign for the Reservation Confirmation once it has already been signed by the Reservation Contact, but will be unable to add or change the Event Contact.

## Event Information

Date	Start Time	AM	PM	End Time	AM	PM

Preferred Location: 1st choice: \_\_\_\_\_ 2nd choice: \_\_\_\_\_

Initial \_\_\_\_\_ I understand the U-SU does NOT provide equipment (e.g. tables, canopies and chairs) to locations outside of the U-SU Plaza and U-SU Walkway.

Purpose for tabling is to provide: \_\_\_\_\_ General Information \_\_\_\_\_ Food Sale/Distribution\*\* \_\_\_\_\_ Fundraiser\*\*

If food will be distributed and/or sold, please describe: \_\_\_\_\_

\*\*A Temporary Food Permit & Event Registration Form will be required if food will be sold or distributed during regular information tabling or for fundraising.

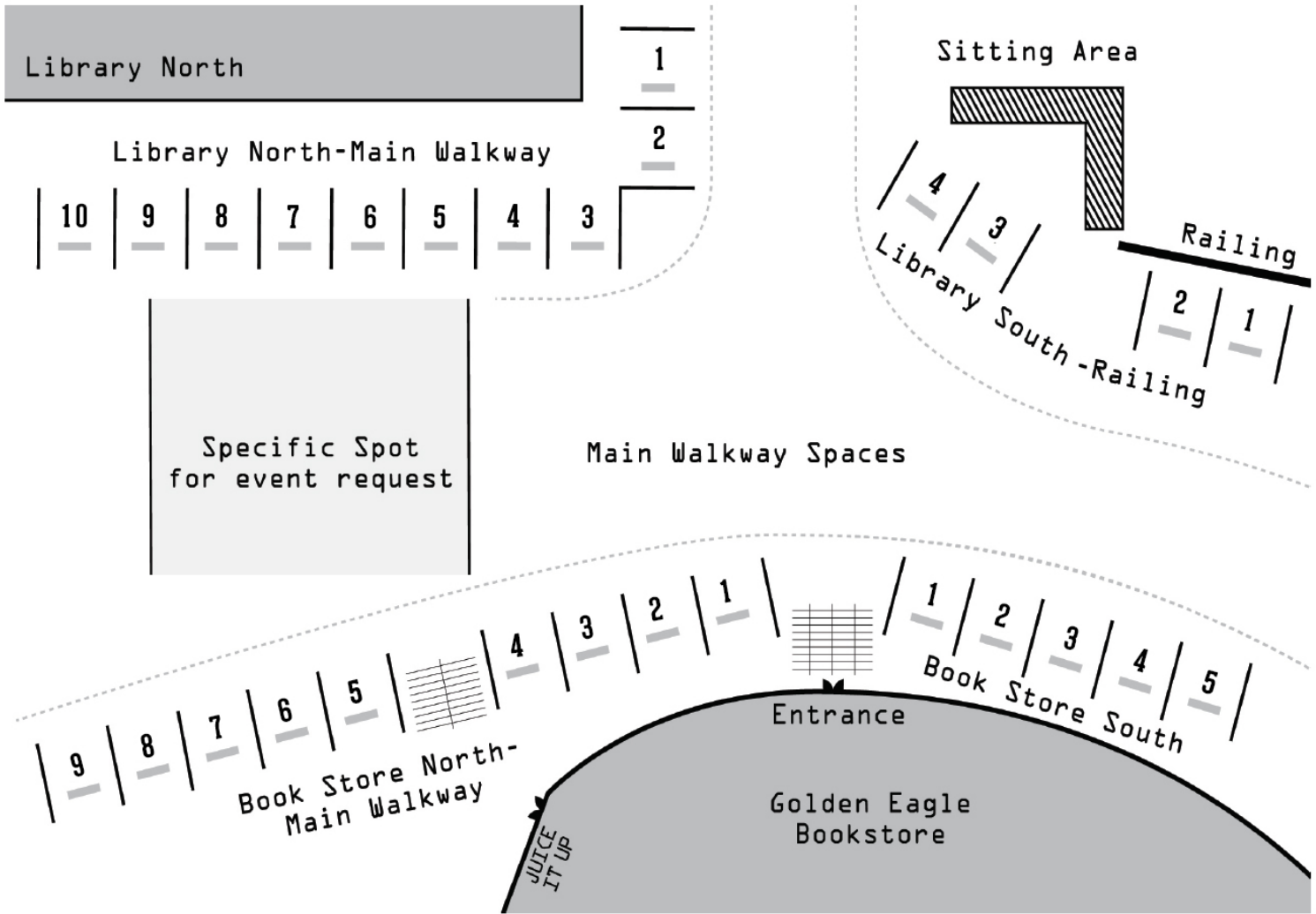
Decorations or banners/signs/letters will be displayed.  Yes  No If so, specify what type: \_\_\_\_\_

Requestor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## For Office Use Only:

Confirmation by the Administration and Finance Office		Initials: _____	Date: _____
Areas Requested	Day(s)	Time(s)	

Submit a copy of this form to the Office of the Vice President for Administration and Finance. Fax # 323-343-6406. A confirmation fax will be sent by the VPAF office to information & Event Services.



## Reservation Agreement

\_\_\_\_ I understand initialing this agreement gives me the responsibility to pass this information to either the main contact or the event contact of this event.

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

\_\_\_\_ I understand that failure to come and sign my Reservation Confirmation after 2 business days from notification, will result in an **automatic cancellation**.

\_\_\_\_ I understand **ALL** events must be finalized **NO** later than 2 business days prior to the event date.

\_\_\_\_ I understand if no update on reservation request is received 3 business days after submitting Request Form, it is the sponsor/department/club/organization's responsibility to follow up with our office.

\_\_\_\_ I understand I, or my event contact, will need to present an ID in order to check-in the day of the event, and **ONLY** I or my event contact can sign and/or make changes to the reservation.

\_\_\_\_ I understand my reservation must be canceled **2 business days** prior to the event date, or it will be considered a No-Show.

\_\_\_\_ I understand that submitting requests less than **10 business days** in advance does not guarantee my paperwork will be processed in time.