DeAnza College

Office of College Life
408-864-8756
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www.deanza.edu/collegelife

Meeting Room and Dining Room Info Table Request Form

- Request will not be accepted without advisor's approval signature.
- **Allow at least twelve (12) working days prior to event.**
- Confirmation of request will be sent to the Club's/Organization's, Submitter's, and Advisor's email addresses.

Please Print Clearly

Information

1. Organization:

2. Organization Email:

3. Name: **Cell Phone:** ( )

Email:

4. Advisor: **Day Phone:** ( )

Email:

5. Is any equipment required for this meeting? ☐ **YES** ☐ **NO** **If yes, complete a College Life Equipment Checkout Form.**

6. Estimated Attendance:

7. Day(s) and Date(s) of Use:

(List ALL Day(s) and Date(s))

(Example: Fridays 4/11, 18, 25, 5/2 ...)

Alternate Choice(s) for Day(s) and Date(s):

Meetings & tables cannot be on weekends, holidays, finals week, or during breaks (summer meetings & tables may only be during the six-week summer session).

8. Start Time: **AM / PM** **End Time:** **AM / PM**

9. Facility ☐ **Any Room (write description in the comments section)**

Alternate Choice(s):

☐ **Room has already been reserved by Club Advisor (**Club Advisor's Signature _____)

Comments

10. Any facility specifications (i.e. need smart room) should be indicated here.

Advisor Approval

As advisor, I approve this activity and will advise the members of their obligation to uphold college rules and regulations.

11. Advisor's Signature: **Date:**

Office Use Only

-------- Confirmation/Contract # _____ **--------**

Date	Time	Room/Table#

Date	Time	Room/Table#

Processed By: **Date:**

CLEAR PRINT

Revised 8/29/2019