



SPACE REQUEST FORM

The request is approved only when an email confirmation has been received from the ODI.

Organization / Unit Name:		Account Number:
Contact Person:	Email:	Phone:
Event Name:		Estimated Attendance:
Description:		
Day(s) of week:	Date: / / Exact dates for recurring events:	Advertised Time of Event: —

Is the event open to the public?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is admission being charged or money generated (besides club dues/fees)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the event a fundraiser for charity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will there be food?	Catering <input type="checkbox"/>	Serving Food/Drink <input type="checkbox"/> No Food <input type="checkbox"/>

Locations and Times requested: ***Allow extra time before & after the advertised time of event. You are responsible for room set-up / clean-up and returning rooms to their default arrangement before leaving. Should something in the center be damaged your organization is responsible to pay for repair.***

<input type="checkbox"/> Projector	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/> Xbox	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> Laptop	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/> Popcorn Machine	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> Screen	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

Comments/Special Requests:

I agree to follow the ODI Facility Use Policies and will be responsible for any charges incurred due to misuse of the facility.

Name:	Office / Position:	Date: / /
-------	--------------------	-----------

Attach this completed form email to diversityresourcecenter@csupueblo.edu

Please allow 2 business days for confirmation.