

**Western Carolina University  
Campus Recreation & Wellness  
Reservation Request Form**

All requests must be made by completing this form and faxing (828-227-7120) or turning it into the Main Office at least **two weeks** prior to the event. **RESERVATION IS NOT FINAL UNTIL CONFIRMATION IS RECEIVED.**

**DAY & DATE OF ACTIVITY:** \_\_\_\_\_ **Attendance Expected:** \_\_\_\_\_

**Name or Dept.** \_\_\_\_\_ **920#:** \_\_\_\_\_

**Event Contact (if different than above):** \_\_\_\_\_ **920#:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**WCU Affiliation:** Student Org. \_\_\_\_\_ Faculty/Staff \_\_\_\_\_ Department \_\_\_\_\_ Community \_\_\_\_\_

**Event Title:** \_\_\_\_\_ **Location Desired:** \_\_\_\_\_

**Time of Activity:** \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM **Setup time:** \_\_\_\_\_ AM/PM

**Description of Activity:** \_\_\_\_\_  
\_\_\_\_\_

**Other Requests (circle all that apply):** Tables (Quantity \_\_\_\_\_) Chairs (Q: \_\_\_\_\_)

Sound System    Microphone    Dry Erase Board    VCR    Laptop    Projector    Lectern

**Sports Equipment:** \_\_\_\_\_

**Food or Beverage requested for the event? YES      NO**

If so, describe the type and amount of food and/or beverages that will be available at the event (be very specific).

**Please provide a diagram or describe event set-up in detail on reverse (when necessary).**

\_\_\_\_\_  
**Event Contact Signature**

\_\_\_\_\_  
**Organization President Signature**

\_\_\_\_\_  
**Organization Advisor Signature**

\_\_\_\_\_  
**Greek Life Administrator Signature** (if applicable)

---

**For Office Use Only**

Reservation Fee: \_\_\_\_\_ Total Charge: \_\_\_\_\_ Planned Attendance: \_\_\_\_\_

Setup Staff Need: \_\_\_\_\_ Custodial Staff Need: \_\_\_\_\_ Event Staff Needed: \_\_\_\_\_

Notes: