



Space Reservation Request Form

Name:	Membership Number: _____
Organization & Activity:	
Day of Event (1 st Choice):	Date of Event (1 st Choice):
Day of Event (2 nd Choice):	Date of Event (2 nd Choice):
Time Event Begins:	Time Event Ends:
Event Setup Begins:	Event Cleanup Ends:
Estimated Attendance:	
Address:	City/State/Zip:
Telephone Number:	Email Address:
Serving Food and/or Drink: YES NO	Catered By:
FAS Account Number (required for Emory University campus groups): _____ - _____ - _____	

Area(s) Requested: Please place an “x” in the following spaces.

Special Requests Only	
Indoor	Outdoor
<input type="checkbox"/> Lobby (exclusive use only)	<input type="checkbox"/> Olympic Pool (exclusive use only)
<input type="checkbox"/> Gymnasium (exclusive use only)	<input type="checkbox"/> Recreation Field (exclusive use only)

Outdoor Spaces
<input type="checkbox"/> Lower Terrace (includes grill and non-exclusive use of the entire facility)
<input type="checkbox"/> Upper Terrace (includes non-exclusive use of the entire facility)

Indoor Spaces	
<input type="checkbox"/> Rm 211 (this room does not include tables and chairs; setup charges are separate; A/V accessible; max cap 80)	
<input type="checkbox"/> Rm 301 (Non-A/V accessible; max cap 30)	<input type="checkbox"/> Rm 312 (A/V accessible system; max cap 50)
<input type="checkbox"/> Rm 315 (Non-A/V accessible; max cap 20)	<input type="checkbox"/> Rm 316 (A/V accessible system; max cap 65)
<input type="checkbox"/> Rm 317 (Non-A/V accessible; max cap 20)	<input type="checkbox"/> Rm 319 (A/V accessible system; max cap 35)

- Setup(s) Requested:** Classroom (Rm 211, 312, 316, 319) or Seminar Room (Rm 301, 315, 317)
- LECTURE STYLE – rows of chairs facing tables at the front of the room.
 - CLASSROOM STYLE – rows of tables and chairs facing the front of the room.
 - HOLLOW SQUARE – tables forming a hollow square with chairs on the perimeter.
 - SOLID RECTANGLE STYLE – tables forming a large rectangle with chairs around the perimeter.
 - OTHER – if there is a specific room setup not listed above, please provide a diagram with this reservation.

I certify I have read and agree to the Student Activity & Academic Center (SAAC) Facility Reservation Policies.
I certify and give permission to have the FAS Account Number charged from the above information.

Signature: _____ **Date:** ____/____/____

For Office Use Only	
Received By:	Date Received:
Approved/Initials: YES NO _____	Signature of Policies: YES NO
Entered R25: ____/____/____	Confirmation Email: ____/____/____
Rental Price: \$ _____ Deposit: \$ _____	Rental Fee Collected: ____/____/____
Setup Details:	