



ALUMNI CENTER SCHEDULING REQUEST

UNIVERSITY AFFILIATED
EVENTS SCHEDULED FOR UMSL FACULTY, STAFF, CURRENT STUDENT AND ALUMNI
ASSOCIATION MEMBERS FOR THEIR PERSONAL USE

DATE OF EVENT _____

TODAY'S DATE _____

THIS FORM MUST BE COMPLETED, SIGNED, AND SUBMITTED WITH PAYMENT TO THE ALUMNI CENTER **WITHIN 10 WORKING DAYS** TO CONFIRM YOUR RESERVATION. UNIVERSITY AFFILIATED EVENTS MAY BE PAID FOR BY CHECK, CASH OR MONEY ORDER, MADE PAYABLE TO THE **UM-ST. LOUIS ALUMNI CENTER**

REQUESTED BY: _____

ADDRESS _____

DAYTIME PHONE NUMBER _____ EVENING PHONE NUMBER _____

E-MAIL ADDRESS _____

ARE YOU A MEMBER OF THE ALUMNI ASSOCIATION? YES NO
AFFILIATION: FACULTY STAFF STUDENT

TYPE OF EVENT:

BREAKFAST LUNCHEON DINNER RECEPTION
 MEETING BIRTHDAY SHOWER ANNIVERSARY PARTY
 OTHER _____

ESTIMATED ATTENDANCE: _____

HOURS REQUESTED: FROM _____ AM/PM To _____ AM/PM

WILL FOOD BE SERVED? YES (NAME OF CATERER _____) NO

WILL ALCOHOLIC BEVERAGES BE SERVED? YES NO

IS CHINA SERVICE REQUESTED YES NO

WILL LINENS BE NEEDED YES (ROUND BUFFET) NO

RENTAL ACKNOWLEDGEMENT

I HAVE READ THIS AND THE STATEMENT OF POLICIES AND PROCEDURES AND AGREE TO THE TERMS THEREIN. I AGREE TO ACCEPT FULL RESPONSIBILITY, ON BEHALF OF THE GROUP, FOR THE FACILITIES, ALL EXPENSES, AND ENFORCEMENT OF THE UNIVERSITY'S ALCOHOLIC POLICIES (IF APPLICABLE) AT THE EVENT. I CERTIFY I AM AGE 21 OR OVER.

SIGNATURE _____

FOR OFFICE USE ONLY:

ROOMS ASSIGNED: _____ S/A _____