

Conrad Prebys Aztec Student Union Reservation Request Form

PLEASE FILL-OUT ALL FIELDS, PRINT AND SIGN BEFORE SUBMITTING TO UNION PROGRAMS & SERVICES

	☐ A.S. Boards and Committees☐ Associated Students Department	Recognized Student CUniversity Department	
Group Name:	up Name: Primary Contact:		
Contact Email:		Contac	t Number:
Event Date(s):	Name of Event:_		Expected Attendance:
Client Load-in Tin	ne: Event Start Time:	Event End Time:	Client Load-out Time:
		please specify)	☐ Meeting Room ☐ Scripps Cottage
Event is open to: Has funding for the Yes Note Note Note Note Note Note Note Note	□ Public □ On Campus Only □ By Invalid event been obtained (partially or in who No, If yes, how is this event being funded? collaboration with another Student Organic organisations of the student Organic organisation charge? □ Yes □ No	vitation (Members Only) ole) from an official Univers zation, University Departn	sity entity (i.e. Department, A.S., CPF, etc.)? nent or Off-Campus Company? Yes No,
Will you be selling	rage be served? Yes (Contact SDSU Contact SDSU Contact SDSU Concessions or hosting an tail what will happen during the event (live with music from iPod, etc.) Be as specific	outside vendor during you music, lecture with Power	
	al support be needed during the event? [ormers and/or entertainers performing at e		se include specific performance needs. Types of — ormation if known.
Any other impo	-Any other important information regarding your event you would like to share?		
Primary Contact S	Signature:		_ Date:
INTERNAL USE O Reservation Co		Preset	☐ 90 ☐ 60 ☐ 30 day marks on calender otified about event