



**GIFFELS AUDITORIUM RESERVATION FORM (updated 1/12)
UNIVERSITY OF ARKANSAS**

DATE TO BE USED _____ TIME: From _____ To _____

EVENT STARTING TIME _____ ESTIMATED ATTENDANCE _____

NAME AND NATURE OF EVENT _____

SPONSOR GROUP (Dept. or RSO) _____

Is public invited? Yes _____ No _____

Does this event occur annually? Yes _____ No _____

Will vendors/merchants participate? Yes _____ No _____

If yes, list name(s) _____

Will food/beverages be available outside the auditorium?
(No food or beverages are allowed INSIDE auditorium.)

Yes _____ No _____ If yes, list vendor(s) _____

Person Submitting Request (Primary Contact)

Registered Student Organizations must also Complete This Section:

Address

Faculty/Staff advisor

City, State & Zip

Campus Address

Home Phone

Business Phone

Campus Phone

E-Mail Address

E-Mail Address

Signature, Primary Contact

Signature, Advisor (Required for RSOs)

Any faculty, staff, or administrator reserving the space (or in the case of an RSO, the advisor) will be present during the entire event named above; and is financially responsible for any damages to the auditorium due to misuse, including breakage of equipment or fixtures.

Approving Authority for Giffels Auditorium (& Date Approved)

Title

Phone

APPROVING AUTHORITY WILL SEND COPIES TO:

1. Contact Person (providing Signature)
2. Advisor (if Registered Student Organization)

___ cc Smartrm@	_____ Date Form Received
___ Tab&Q	___ AVOrien
___ AUD.K	___ FILM Copyright
_____ <u>Comments and/or Restrictions:</u>	

By signing above, the person submitting the request agrees to and will abide by the specific Giffels Auditorium Usage Policy as well as policies and regulations governed by the Board of Trustees Policy 705.1, Fayetteville Policies and Procedures Policy 708.1, and University-wide Administrative Memorandum 715.1.