



University of Detroit Mercy
Office of Residence Life
Reservation Space Request

Date request filed: Name of group requesting facilities:

Requestor Name: Requester T#

Requestor Cell Phone Number: Requestor Email:

Type of function (meeting, conference, reception, etc.):

Dates needed (include day of week): Estimated number in attendance:

Start Time (Including Set-Up): End Time(Including Clean-up):

Room(s) requested:

Name of UDM Faculty/Staff Sponsor/Responsible Party:

Email and phone number of Responsible Party:

The undersigned assumes the financial responsibility for any non-routine cleaning and/or repairs resulting from damage done from the use of the building by the above named party. If any furniture is moved the undersigned guarantees that all furniture will be returned to its original position. The equipment in any room is not to be moved. If anything is moved or disturbed in any way, the undersigned will be held financially responsible for any damage and future use of the room will be denied. (Initial)

The Office of Residence Life is not available to offer technical support. If you are not familiar with our equipment, you need to schedule an appointment with the Office Of Residence Life to learn how to use the equipment properly. (Initial)

Social Clubs/Groups using the any room in Residence Life must reserve the space 72 hours before their event. Only 3 reservations are allowed to be made at one time. (Initial)

Quiet hours begin at 10:00pm (Initial)

Bathroom codes are not to be given out to anyone of the opposite sex. Bathrooms are located on the main level and the basement level for general population use. (Initial)

Resident Advisors and the Office of Residence Life have the authority to end any event or meeting at any time. (Initial)

All polices in the Guide to Residence Living are to be followed. (Initial)

Printed name of responsible party

Signature of responsible party

Address, City, State, Zip of responsible party

Phone number of responsible party

Forms may be dropped off to Shiple Hall Room 115

For ORL use: Approved: Denied: Initials:

Date: Room(s) assigned: Times:

Comments: