



408-864-8756

collegelife@fhda.edu

www.deanza.edu/collegelife

MEETING ROOM AND INFORMATION SPACE REQUEST FORM

- Please submit request to the Office of College Life at collegelife@fhda.edu or in person on the lower level of the Campus Center.
- Request will not be accepted without advisor's approval signature.
- Allow at least five (5) working days prior to event.
- Confirmation of request will be sent to the Club's/Organization's, Submitter's, and Advisor's email addresses.

OCL Use Only

Received/Reviewed Date: _____

Received/Reviewed By: _____

PLEASE PRINT CLEARLY INFORMATION

1. Organization: _____

2. Organization Email: _____

3. Requestor: _____

Cell Phone: () _____

Email: _____

4. Advisor: _____

Day Phone: () _____

Email: _____

5. Is any equipment required for this meeting? YES NO If yes, complete a College Life Equipment Checkout Form. _____

6. Estimated Attendance: _____

7. Day(s) and Date(s) of Use: _____

(List ALL Day(s) and Date(s))

(Example: Fridays 4/11, 18, 25, 5/2 ...)

Alternate Choice(s) for Day(s) and Date(s): _____

Meetings & tables cannot be on weekends, holidays, finals week, or during breaks (summer meetings & tables may only be during the six-week summer session).

8. Start Time: _____

AM / PM

End Time: _____

AM / PM

9. Facility Any Room (write description in the comments section) _____

Alternate Choice(s): _____

Room has already been reserved by Club Advisor (Club Advisor's Signature _____)

COMMENTS

10. Any facility specifications (i.e. need smart room) should be indicated here.

STUDENT ORGANIZATION ADVISOR APPROVAL OR OTHER DEPARTMENT/ORGANIZATION REQUESTOR

As advisor, I approve this activity and will advise the members of their obligation to uphold college rules and regulations, and I will be present throughout this event, including set-up and clean-up.

11. Advisor's Signature: _____

Date: _____

OFFICE USE ONLY

Date

Time

Room/Table#

Date

Time

Room/Table#

Processed By: _____

Date: _____