



BOOKING FORM

SOM EVENT

Event Details

Name Of Event: _____

Date of Event: _____ Number of People: _____

Starting Time: _____ Finishing Time: _____

Set-up Time: _____ Clean-up Time: _____

Room or Space 104 105 106 205 Courtyard

Require Facilities: Yes No Details: _____

Require Caterer: Yes No Details: _____

Require Reception: Yes No Details: _____

Require Cleaning: Yes No Details: _____

Require After-Hours Access: Yes No Details: _____

Attendees:

- SOM Staff
- Community
- Students
- Faculty

Set up:

- Board room
- Theatre
- Other: _____
- U-shape
- Cocktail
- Banquet
- Classroom

Contact Details

Contact Name: _____ Phone #: _____

Department: _____ Email: _____

COA: _____

Manager/Director/FAO Name: _____

Authorization

I understand and authorize the COA to be charged in case it requires cleaning, or there is damage to the furniture, floor, wall, or the room.

Name
Signature
Date