

## Event Request

### Instructions

Please fill out all general information requested on this form, using the College/Organization that your event is affiliated with (NOT what the rooms requested are affiliated with). To determine Facility ID, please use the facility search provided by PeopleSoft by going through Curriculum Management, Facility and Event Management, Search for a Facility. All students and student groups must select Campus Life Reservations for their 'College/Organization' unless instructed otherwise by their department, and we recommend that students open an email before hitting Submit.

### General Information

Please Type

**Name** \_\_\_\_\_  
First Last

**College/Organization** \_\_\_\_\_

**Department** \_\_\_\_\_

**Email** \_\_\_\_\_@rit.edu

**Event Title** \_\_\_\_\_

**Event Type** \_\_\_\_\_

**Expected attendance** \_\_\_\_\_

**Scheduler** \_\_\_\_\_@rit.edu

### Requested Date(s)

**Single Date**  
 Date \_\_\_\_\_ Facility ID \_\_\_\_\_  
 Start time \_\_\_\_\_ Stop time \_\_\_\_\_

**Multiple single dates**  
 Date 1 \_\_\_\_\_ Facility ID \_\_\_\_\_  
 Start time \_\_\_\_\_ Stop time \_\_\_\_\_  
 Date 2 \_\_\_\_\_ Facility ID \_\_\_\_\_  
 Start time \_\_\_\_\_ Stop time \_\_\_\_\_  
 Date 3 \_\_\_\_\_ Facility ID \_\_\_\_\_  
 Start time \_\_\_\_\_ Stop time \_\_\_\_\_  
 Date 4 \_\_\_\_\_ Facility ID \_\_\_\_\_  
 Start time \_\_\_\_\_ Stop time \_\_\_\_\_  
 Date 5 \_\_\_\_\_ Facility ID \_\_\_\_\_  
 Start time \_\_\_\_\_ Stop time \_\_\_\_\_

**Recurring**  
 Start date \_\_\_\_\_ Stop date \_\_\_\_\_

Pattern 1	S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/>	Facil. ID S _____	Facil. ID M _____
		Facil. ID T _____	Facil. ID W _____
		Facil. ID Th _____	Facil. ID F _____
		Facil. ID Sa _____	
Pattern 2	S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/>	Facil. ID S _____	Facil. ID M _____
		Facil. ID T _____	Facil. ID W _____
		Facil. ID Th _____	Facil. ID F _____
		Facil. ID Sa _____	
Pattern 3	S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/>	Facil. ID S _____	Facil. ID M _____
		Facil. ID T _____	Facil. ID W _____
		Facil. ID Th _____	Facil. ID F _____
		Facil. ID Sa _____	

**For Date and Time please use the following format:**  
 Date 9/23/2012 Facility ID 001-1300  
 Start time 8:00 am Stop time 8:50 pm

**Cancellation of previously schedule events *only*:**  
 Event ID \_\_\_\_\_  
 Please cancel all of this event.  
 Please cancel the portions of this event that are indicated on this form.

**Comment** (Please use if you feel your event request requires further clarification.)

### Department Use Only

Date Received \_\_\_\_\_ Event ID \_\_\_\_\_

Date Processed \_\_\_\_\_

Processed by \_\_\_\_\_