

YSU KILCAWLEY CENTER
Request for Space

Department/Group: _____

Contact Person's Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Phone: _____

Phone: _____

EVENT DESCRIPTION: _____

Date Requested: _____
(Include month, day and year)

*Use this section for Weekly Events.
This event will occur every:

Room Requested: _____

Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat ___

Approximate Attendance: _____

During:
Fall Term Yes _____ No _____
Spring Term Yes _____ No _____
Summer Term Yes _____ No _____
Finals Weeks Yes _____ No _____
Academic Breaks Yes _____ No _____

Event Time: From _____ To _____

Will you require food service? Yes _____ No _____
If yes, service time: From _____ To _____

Equipment Needed:

Room Setup:
(Please use the back of this page if extra space is needed.)

Check here if you prefer same setup as last year:

Submitted by: _____