

Loker Student Union 121 ● (310) 243-2081 torolink.csudh.edu

FACILITIES SCHEDULING AUTHORIZATION FORM 2018-2019

NAME	OF STUDENT ORGANIZATION:			
	(Plea	ase Print Cle	arly)	
	Initiating the registration process g facilities. Once the registration pro organization is authorized to rese Reservations and Event Services. A student organization will be requirequests for space will be honored By signing my signature below, I Services is accurate. I understand cancelled. I have reviewed the representative of the sponsoring or Select two organization men academic year. No other memb	cess has been rive space in ired to compuntil the Recertify that that failure Campus Everganization.	en completed through the Office of the Loker Student Union and collete this form prior to making an gistration Process is complete. all information that is provided to provide accurate information ent Polices and fully understantialitate all of your meeting and estimation and estimation and estimation and estimation.	of Student Life, the student other campus facilities with y facility requests. No other to Reservations and Event may result in events being d my responsibilities as a
Member's Name (Print)		Member	's Name (Signature)	Student ID:
Alternate Member's Name (Print)		Alternat	e Member's Name (Signature)	Student ID:
AUTHO	ORIZED BY:			
Student Organization President (Signature)			Date	
Student Organization Campus Advisor (Signature)			Date	
APPRO	OVAL FOR OFFICE USE ONLY*			
Facility Scheduler, Loker University Student Union			Date	