

**BETH WALTON MOOR LOUNGE RESERVATION FORM**

Room Requested: \_\_\_\_\_

Day: \_\_\_\_\_ Date: \_\_\_\_\_

Reservation Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Name of Group/RSO Hosting Event: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

FACULTY Advisor's Name (if RSO): \_\_\_\_\_ Phone: \_\_\_\_\_

Department/Budget ID Code(for security purposes): \_\_\_\_\_

Number of Persons Expected: \_\_\_\_\_

Type of Event (please circle):

Breakfast	Luncheon	Dinner	Reception
Meeting	Lecture	Conference	

Will your event be catered? (please circle):      Yes      No

Name of Caterer: \_\_\_\_\_

Contact at Caterer: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Will alcohol be served? (please circle):      Yes      No

By completing and returning this form, you agree to reimburse the Office of University Relations for any damages caused by your event to any area or object in the space you have reserved. The facility will be inspected before and after use. Damage includes loss or failure to return keys issued for the event. You will be charged for re-keying the locks affected by loss or unreturned keys. By completing and signing this form, you are acknowledging that you have read and will comply with the policies and guidelines for the space managed by University Relations.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**RETURN FORM TO:**

**LAUREN DEL TORO  
LDELTORO@FSU.EDU**

*Revised 2/26/2016*