

**Center for Social Concerns - Geddes Hall**  
**Reservation Request Form**

Review of the Center for Social Concerns Space Usage Policies located at [http://socialconcerns.nd.edu/about/documents/External\\_CSC\\_Space\\_Usage\\_Policies.pdf](http://socialconcerns.nd.edu/about/documents/External_CSC_Space_Usage_Policies.pdf) on the Facilities & Resources (<http://socialconcerns.nd.edu/about/facilities.shtml>) page of its website is required prior to completion and submission of this form.

Contact Name : \_\_\_\_\_ Today's Date: \_\_\_\_\_

Group or Department Name: \_\_\_\_\_

If student group, please list leader name, sponsor or sponsoring department name:

\_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Group/Department FOAPAL to be charged for fees and costs: \_\_\_\_\_

Meeting/Event Date: \_\_\_\_\_ Number of Attendees Anticipated: \_\_\_\_\_

Title/Type of Event: \_\_\_\_\_

Room(s) Requested including Name(s) and Room Number(s): \_\_\_\_\_

\_\_\_\_\_

Start & End Time (including time needed for set-up and clean-up): \_\_\_\_\_

If for repeated use, please list frequency and time period: \_\_\_\_\_

Alternative dates/times if first choice is not available: \_\_\_\_\_

Please indicate what equipment/technology you/your group will use (see Center for Social Concerns Space Usage Policies for a list of what is provided in each room):

\_\_\_\_\_

If equipment/technology will be brought in, please list source and type: \_\_\_\_\_  
\_\_\_\_\_

I/we will need a portable TV/DVD/VCR cart: \_\_\_\_\_

Type of Food: \_\_\_\_\_

Food Source (Catering by Design, Restaurant Name, etc.): \_\_\_\_\_

Please note: The Center for Social Concerns reserves the right to move or reassign users to accommodate requests. The Center may find it necessary to cancel an existing reservation in order to accommodate a priority special event. Advance notice will be given when possible.

I/we have reviewed and will comply with the Center for Social Concerns Space Usage Policies.

\_\_\_\_\_  
Signature

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

Forward completed form to:

Patty Flynn

Center for Social Concerns

175 Geddes Hall

Notre Dame, IN 46556-4633

[Flynn.3@nd.edu](mailto:Flynn.3@nd.edu)

(574) 631-5293 Phone

(574) 631-4171 Fax

\_\_\_\_\_  
For Internal Use Only:

Date Received: \_\_\_\_\_

Date Confirmed: \_\_\_\_\_

Date Journal Transfer Processed: \_\_\_\_\_

Or

Date Invoiced: \_\_\_\_\_ and Date Check Received: \_\_\_\_\_