### STUDENT-GROUP ROOM RESERVATION FORM

>>> Return completed form to BELL 3189 <<<

Please complete all fields. Missing information could delay processing.

**DATE OF EVENT**

**BUILDING AND ROOM NUMBER(s):**

**TIMES REQUESTED:**

- **TIME START:**
- **TIME END:**

**NAME OF ORGANIZATION:**

**PURPOSE/TITLE OF EVENT:**

**WILL THERE BE FOOD/DRINK?**

- YES [ ]
- NO [ ]

*For multiple dates, please complete this Multi-date section. More than three dates require Dean’s approval.

**Meeting Agenda/Purpose** (Be specific. "Monthly Meeting" is not specific.)

<table>
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<tr>
<th>DATE</th>
<th>Time Start</th>
<th>Time End</th>
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**PRINT RESERVER NAME:**

**SIGNATURE:**

**EMAIL:**

- [uark.edu](mailto:uark.edu)

**DEPT:**

**DATE:**

**TEL NUMBER:**

**EMAIL:**

- [uark.edu](mailto:uark.edu)

**FACULTY ADVISOR NAME PRINTED:**

**FACULTY ADVISOR SIGNATURE:**

(The Faculty Advisor is accountable for incidentals.)

**FACULTY ADVISOR Email:**

- [uark.edu](mailto:uark.edu)

**Comments:**

**Dean’s Signature**