



**College of Engineering  
STUDENT-GROUP ROOM RESERVATION FORM**

Please complete all fields. Return form to BELL 3189.

NAME OF RSO:						
Event Date	Start Time	End Time	Number Attendees	Meeting Agenda/Purpose	Food /Drink	ROOM
					YES <input type="checkbox"/> NO <input type="checkbox"/>	
					YES <input type="checkbox"/> NO <input type="checkbox"/>	
					YES <input type="checkbox"/> NO <input type="checkbox"/>	
					YES <input type="checkbox"/> NO <input type="checkbox"/>	

\*More than three dates require Dean's approval.

**BY SIGNING THIS FORM I AGREE TO BE THE RESPONSIBLE PARTY FOR THIS EVENT, AND I AGREE: (1) to leave room clean and trash picked up. (2) to not move, remove, detach, or otherwise tamper with technology equipment, podiums or tables. (3) to pay a \$500.00 CHARGE FOR DAMAGE TO EQUIPMENT IN ROOM DURING EVENT. (4) to pay a \$250 Cleaning Charge if food/drink is approved and carpet is stained as result.**

<b>(PRINT) RESERVER NAME:</b>	<b>EMAIL:</b>	<b>@uark.edu</b>
<b>SIGNATURE:</b>	<b>DATE:</b>	

KEY TO ACCESS THE ROOM(S) AFTER HOURS AND WEEKENDS: MUST BE CHECKED OUT BY THE FACULTY ADVISOR WHO SIGNS BELOW.  
Keys are checked out from the Engineering Dean's Office in Bell 4183.

<b>THE FACULTY ADVISOR IS ACCOUNTABLE FOR INCIDENTALS</b> [Faculty Advisor must be a full-time employee of the University of Arkansas]		
<b>(PRINT) FACULTY ADVISOR NAME:</b>	<b>EMAIL:</b>	<b>@uark.edu</b>
<b>SIGNATURE:</b>	<b>DATE:</b>	

Comments:

\*Dean's Signature, Approving more than 4-day reservation

Be sure to leave the room in good shape. Thank you! If you need technology training/assistance, please contact our College of Engineering IT Support a week ahead of time at 575-7189 or pcsteph@uark.edu Food and drink is not allowed unless approved in advance.