



Event Reservation Form Registrar's Office

WJC Requestor's name _____

WJC Requestor's phone number _____ Today's date _____

WJC Requestor's email address _____
 One Time Re-occurring

Event description _____

Event contact person/coordinator _____

Academic Department supporting this event _____

Event Details

Required Room/Space _____ Number attending _____

Week day(s) requesting: select all that apply Parking Lot Spaces Needed _____

Date of Event: _____ Begin time _____ End Time _____

Monday Tuesday Wednesday Thursday Friday Saturday Sunday
 Morning Afternoon All Day Evening

Will any Refreshments, Beverages, or Food be served: Yes No
 If yes, the name of the vendor providing food and the set-up that will be needed:

Describe any special set-up requirements (to include technology & seating arrangement):

Note: Outside groups need to provide a "Certificate of Liability Insurance" and there may be a fee charged for use of the facilities by an outside group, check with Dan Brent dan_brent@williamjames.edu.

I have read the Instructional Information for Requesting an Event located under Information on the Registrar's Office WJC web page.

Signature of Requester: _____

Please drop-off, email registrar@williamjames.edu, or fax this form to 617.477.2030. Allow 3 working days for processing. You will receive a confirmation when the event is scheduled with an assigned reservation #.