

University Course Related Activity Registration Form

In order to reserve space or make a table reservation through the Office of Campus Reservations (CR) for a course related activity, the following form must be completed. The professor must certify that the student is currently enrolled in the CRN as well as approve the activity outlined below. **Upon the completion and approval of this form**, the Campus Reservations staff will then make a space reservation. All space requests are subject to availability. **If this is an event that requires coordination, the reservation request must be submitted at least 14-days in advance.** If Campus Reservations can fulfill the request, the primary student contact will receive an email confirmation. Please remember that a completed form does not constitute a space or table reservation.

Requirements:

1. Signature approval of activity from Instructor
2. One primary student contact will coordinate the event with Campus Reservations.
3. The primary student contact must be in attendance at the event and serve as liaison to Campus Reservations.
4. Fees will be charged for direct costs and extra services that are requested and provided. The primary student contact and professor will be sent a fee estimate form (FEF) outlining the fees. Payment is due 14 calendar days prior to the event. Examples of potential fees include: additional I.T. requirements, custodial services, staffing requirements, equipment rental, etc.

Student Information

Primary Student Contact (First & Last Name) _____
 Email: _____ Phone: _____

Course Information

Course Name: _____
 Instructor Name: _____ Phone: _____
 Email: _____ CRN (5 digit number): _____

Event / Activity Information

Event Name: _____
 Event Date(s) (subject to availability): _____
 Event times (subject to availability): Setup Time: _____ (# of minutes) Event Start Time: _____
 Event End Time: _____ Post Event/Cleanup: _____ (# of minutes)
 Preferred space(s) (subject to availability): _____
 Specific description of activities planned: _____

Have you already sent an email for this request? Yes No

Will you be fundraising / collecting money? Yes No

If yes, what organization will the funds benefit? _____

Will you be working with any outside organizations? If so, please list their involvement: _____

Additional Services (Please select all that may apply):

Chartwells Catering (On Campus) Off Campus Food Vendor/Self Catering IT (Technology) Security (UPD) Physical Plant Services

Signatures

The Professor, their students, and event guests are responsible for the proper use and care of all FGCU property. Any damages or losses incurred, that are associated with the event, will be charged to the event organizer.

Primary Student Contact Signature: _____ Date: _____

Professor Signature: _____ Date: _____