

SOJOURNER TRUTH LIBRARY

Facilities Use for Scheduled Event (FUSE) for Library Space Reservation Bookings

For best results submit this form 30 days prior to event date.

TO REQUEST FACILITY SPACE IN THE SOJOURNER TRUTH LIBRARY, TAKE THIS FORM TO:

Office of the Library Dean Secretary, Room M46, Sojourner Truth Library

DATE FORM SUBMITTED: _____

EVENT TITLE: _____

EVENT DESCRIPTION: _____

TYPE AUDIENCE (circle all that apply): Student Faculty/Staff Alumni

EXPECTED NUMBER OF AUDIENCE MEMBERS: _____

EVENT DATE(S): _____

EVENT START TIME: _____ END TIME: _____

DESIRED ROOM LOCATION: _____

Will you require any technology equipment? Please specify below.

No Yes

Are you selling anything at the event?

No Yes

Will food be served at this event?

No Yes Packaged Snacks

Do you need tables? No Yes How many? _____

Do you need chairs? No Yes How many? _____

Organization Name: _____

Responsible Person: _____

Phone: _____

Address: _____

NP Email: _____

Please contact us after the event and provide the total number of attendees. Thank you!

Comments or Notes:

SOJOURNER TRUTH LIBRARY DEAN'S OFFICE ACKNOWLEDGEMENT AND APPROVAL

Department Designee Name: _____

Department Designee Signature: _____

Date: _____

Room: _____