REQUEST FOR CLASSROOM RESERVATION

Name: ____________________________________________
(please print)

Phone Number: _______________________________________

e-mail address: _______________________________________

Date of Meeting: _______________________________/________________________
Day of Week                 Date

Block of Time Needed: _______________________________/________________________
from                              to

Preferred Classroom: _______________________________ **

Organization: _______________________________________

Purpose of Request: _______________________________________

**Notice: If your event is scheduled in the courtroom, you must coordinate use of the Courtroom equipment with a member of the Courtroom 21 Project (1-2228). Events held after hours or at the end of a day require the Courtroom equipment to be turned off and the room to be locked. Please designate the individual responsible for these actions ____________________________.

Before this event can be entered on cardozo calendar, I must have a brief description of your event. Please e-mail the description to Gloria Todd (gitodd@wm.edu).

___________________________________________________________________________
___________________________________________________________________________

I request permission to schedule a classroom with the understanding that (1) should food and/or drinks be served, my organization will be held responsible for cleaning the debris; (2) should cleaning be required, my organization will be financially obligated for this service. Interview rooms cannot be used for study purposes and are only available during times when on-campus interviewers are not in the building (typical interview periods run from September 1-October 31 and January 15-March 15 plus during exam period). Requested rooms must be returned to their original order before departure. Failure to adhere to the regulations will result in my organization being forbidden from using any Law School classroom space.

I understand this policy and I accept responsibility for enforcing it while using this facility.

__________________________________________  ____________________________  _____________
Print Name                                      Signature                                      Date

Please return this form to Gloria Todd.

For office use only:

Date and time entered onto cardozo calendar: _______________________________/________________________