



UCF Division of Digital Learning

Reservation Form

University of Central Florida

ORGANIZATION: _____

Reservation Details:

Event Name: _____

Contact Person Name: _____

Phone Number: _____ **Event Date:** _____

E-mail: _____

Rooms Request: 136A 136B 136AB 147 209 Hospitality Rm

Set-up Time: _____ **Event Time:** _____ **Breakdown Time:** _____

Purpose of Event:

AV Requirements (be specific):

On campus organization or department? Yes No

Organizations may arrange the tables and chairs as they wish. At the conclusion of the event, the layout must be put back to its original setup and the room must be clean with all equipment turned off to avoid any additional fees.