

Shippensburg University

Request for Use of University Classroom

Description of event: ___meeting ___study hours ___other _____

Student organization: _____

Faculty advisor: _____

Expected number in attendance: _____

Building location desired: _____

Date of event: _____

Starting time: _____ Ending time: _____

Student representative's name: _____

Student representative's local phone number: (717) _____

Student representative's email address: _____

Agreement

The representative of the organization agrees to the following conditions of this agreement:

To use the property in a safe and proper manner.

To accept liability for damages to university property caused by or directly related to the use of said property.

To conduct activities in accordance with regulations of the university.

To hold harmless the university in the event of personal injury or property damage suffered by members, employees, or guests of the organization while on university property.

To reimburse the university for actual costs of services. Payment in advance may be required.

Student Representative's Signature

____/____/____
Date