



**Complete this form in its entirety and send as an attachment to marionroombookings@osu.edu.
Approved requests will receive an email confirmation.**

Person Requesting Room: _____

Email Address: _____ Telephone: _____

Department/Organization: _____
(For Student Organizations – Advisor Name): _____

Activity

Event Name: _____ Estimated Attendance: _____

Event Description: _____

Requested Date: _____

Requested Start Time: _____ Requested End Time: _____

Room Preference #1: _____ Room Preference #2: _____

Does this event repeat? If so, please list additional dates: _____

****Note:** a form must be submitted each semester in order to reserve a room for recurring events/meetings.

For set ups/tear downs please submit a work request at: www.myschoolbuilding.com

List on Marion Campus Calendar of Events. Yes No

For Office Use Only

Event has been confirmed: _____ Email sent: _____

Initials: _____