



Delta College

**Room/Table Request
Student Clubs and Organizations**

Name of Organization: _____

Room Preferred: _____ **Date Needed:** _____

Approximate Number of Attendees: _____

Name of Event: _____

Time: _____ to _____

Equipment: _____

Advisor Signature: _____

-----DO NOT WRITE BELOW THIS LINE-----

SACE Staff Only:

Request Approved Request Denied

Reason Denied: _____

Rec'd by: _____ **Filed/Scanned by:** _____

Emailed Request: _____

Coordinator of Campus Life Signature: _____

Date: _____