Truman State University
Pershing Building Space Reservation Request Form

Name of Person Reserving: ____________________________ Phone: __________________
E-mail: ____________________________ Date: __________________

Facility/Room Requested: ____________________________ Event Date: ____________________________ Time Requested: ____________________________

________________________________________ ___________ ____________________________

________________________________________ ___________ ____________________________

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________________________________________ ___________ ____________________________

Amount of time room is needed before Event Start Time: ____________________________

Event Title: ____________________________ Expected Attendance: ____________________________

Organization/Sponsoring User: ____________________________

Approved Responsible Person/Faculty Advisor Contact: ____________________________ Phone: __________________

Special instructions for setup: (Set-up is NOT automatically provided; please call the Physical Plant Office at x4200 to officially request tables, chairs, etc.)

Signature: ____________________________ Date: __________________

(Person making request)

If your plans change, please notify the HES reservation desk at 785-4456.
Visit Pershing Reservations on-line at http://hes.truman.edu/pershingreserve.shtml

For Office Use Only: (initials)

___ Room Chart (___)
___ If Not Available, Date Called/E-mailed ________ (___)
___ If Pending, Date Submitted to Athletics ________ (___)
___ Approved/Athletics (__________) Date ________
___ Approved/HES: Confirmation Sent:(__________) Date ________

White copy - Person making reservation  Yellow copy - HES  Pink copy - Athletics