

**REQUEST TO SCHEDULE AN ACTIVITY  
AFFILIATED WITH  
SLIPPERY ROCK UNIVERSITY  
OR  
SLIPPERY ROCK SCHOOL DISTRICT  
OR OTHER ORGANIZATION**

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**\*DATE OF ACTIVITY:** \_\_\_\_\_ **FROM:** \_\_\_\_\_ **A.M./P.M. TO:** \_\_\_\_\_ **A.M./P.M.**

**\*PLEASE LIST ACTUAL STARTING/ENDING TIMES FOR THE EVENT.**

**NAME OF ORGANIZATION:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_ **PHONE#:** \_\_\_\_\_

**ACTIVITY:** \_\_\_\_\_ **# OF PEOPLE ATTENDING:** \_\_\_\_\_

**\*\*ADVISOR/FACULTY SPONSOR:** \_\_\_\_\_

**POSITION OF ADVISOR:** \_\_\_\_\_ **PHONE# OF ADVISOR:** \_\_\_\_\_

**\*\*BUILDING WILL NOT BE RENTED TO ANY ORGANIZATION WITHOUT A ADVISOR/FACULTY SPONSOR.**

**ADVISOR/FACULTY SPONSOR SIGNATURE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE / EXTENSION:** \_\_\_\_\_  
\_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNATURE OF CONTACT PERSON:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE / EXTENSIONS:** \_\_\_\_\_  
\_\_\_\_\_ **DATE:** \_\_\_\_\_