

College of Biological Science Booking Request Form

Name of Event: _____

Date Requested: _____

Purpose of Event: _____

Event Request Details

Event Details

Name _____

Start Time _____

Association _____

End Time _____

Email _____

of attendees _____

Phone _____

U of G ID # (if applicable)

Room Number Requested: _____

Additional Comments

Rental TERMS AND CONDITIONS

[*Atrium rental terms & conditions](#)

PAYMENT FOR EXTERNAL PARTIES TO UNIVERSITY OF GUELPH

Please make cheque payable to University of Guelph and send to College of Biological Science. If you wish to do an electronic funds transfer, please communicate with cbsclerk@uoguelph.ca to make the arrangements.

Print Name

Sign Name

Date

Administrative Use Only

Request Received by: _____ Dept: _____ Date: _____

Room Booked in Calendar Yes | Access Requested Yes | Fee Charge Yes No | Agreement Signed Yes