

RESERVATION FOR USE OF LIBRARY CO-LAB (Individual and Group Use)

Name of Responsible Individual: _____

Name of Group: _____

Name of Program: _____

Address of Responsible Individual: _____

Email Address: _____ Phone: _____

Anticipated Attendance: _____

Date of Reservation: _____ Day of the Week: _____

Start Time: _____ End Time: _____

Equipment Needs: *Check all that apply on attached page.*

Projector? Yes No

Laptop? Yes No

User Agreement on File? Yes No (***signed user agreement is required for Co-Lab use***)

I have read the Collaborative Laboratory (Co-Lab) Policy and Collaborative Laboratory (Co-Lab) Reservation Policy and agree to abide by them and all other referenced policies.

I agree to take responsibility for all unregistered members of my group for the reserved time.

Names (full): _____

Signature: _____ Today's Date: _____

Approved? Yes No

Staff Initials: _____