

Johnson Dining Request Form

University Center Reservation Desk
(610) 758-4163

This form must be completed for all Johnson Dining requests.
Please complete the form and return it to the U. C. Reservation Desk, 29 Trembley Dr.
All requests should be made at least two weeks in advance of the event.

Event Date (s): _____	Starting Time: _____	Ending Time: _____
Estimated Attendance: _____	Type of Event: _____	
Event Title: _____	Open to Lehigh Community ONLY	Yes No
Sponsoring Organization/Dept.: _____	LU Sound needed:	Yes No
Contact Name: _____	Address: _____	
Phone: _____	E-Mail: _____	Food Service Yes No

Event Information

Please describe the needs for this event: (Ex.: Set-up; audio visual equipment: sound; staging; electrical) **Please note: All furniture must remain in the room during the event. Requests for staging, sound, or special electrical needs will be the financial responsibility of the sponsoring organization.**

The group is responsible for returning the room to its original condition, including furniture layout as per the attached diagram. Failure to do so will result in a minimum charge of \$75 to the groups account.

Account #: _____ **Acct. # required for all groups** **Account Executive:** _____

Dining Service Approval

Comments: _____

Manager Approval: _____ Date: _____

Security

Most groups reserving the Johnson Dining Room are required to hire event security or a police officer through University Police. Initial contact will be made by the U.C. Reservation Staff to check for staff availability. After our office receives notification that staffing is available through the University Police and a confirmation is sent to the requestor, it is the Sponsoring Organizations responsibility to contact University Police at x84200 directly for costs. There is a four-hour minimum charge for all security.

Security Required: Y N ***University Police Approval:** _____ **Date:** _____

***Account #:** _____ ***Acct. Exec. Name:** _____ ***Must be filled in if security is required**

Acct Exec. Approval: _____ **Date:** _____ **Faxed U. Police:** _____ **Faxed St. Accts.:** _____

*Please note: This is a request only! Requests will be handled Monday thru Friday excluding holidays. If you do not receive notification within three working days you may check the status by calling 610-758-4163.

Sponsors Signature: _____ **Date:** _____