EOP Room Use Request Form

Group Information

General Guidelines:
EOP facilities can be reserved excluding the first week (first 5 days of instruction), dead week and finals week for meetings and/or educational programming only (e.g. programs, films, lectures, group socials, receptions, and retreats). Overnight events and other such activities not associated to the well-being and academic environment of the campus community are not permitted. In order to meet needs and demands of all student organizations, recurring weekly reservations will be limited to TWO hours per organization.

Requests after 6pm on Fridays and on weekends will require approval from the Student Resource Building staff and EOP.* Priority reservations will be given to student organizations affiliated with the respective Cultural Resource Center.

Please note: Completion of this form does not guarantee a reservation. Submit this form in person to the EOP front desk. We will notify you regarding the status of your request via email.

NOTE: Reservation forms will not be accepted via email.

Organization/Department: ___________________________ Today’s Date: _____/_____/_____

My Organization is:  ☐ OSL Student Group  ☐ UCSB Campus Department  ☐ Off-Campus Organization

Requestor: ___________________________________________ Phone: (_____) _____ - _______

Email Address (Umail address for students): ____________________________________________

Requested Date(s): _________________________________

Hour(s): _____:_____ to _____:_____. NOTE: Cultural Resource Centers may not be reserved Monday – Friday 1pm - 5pm.

EOP Facilities (please rank your group’s preference with 1 being your first choice)

Student Resource Building CRCs (Monday – Friday 8:00am – 12:00pm):

☐ African diasporic Cultural Resource Center – AdCRC (Room 1107) (Capacity 40)
☐ American Indian Cultural Resource Center – AICRC (Room 1219) (Capacity 40)
☐ Asian Resource Center – ARC (Room 1105) (Capacity 40)
☐ Chican@/Latin@ Cultural Resource Center – CLCRC (Room 1108) (Capacity 40)
☐ Middle Eastern Resource Center – MERC (Room 1106) (Capacity 40)

Building 406 (Monday – Thursday 8:00am – 8:00pm and Friday 8:00am – 5:00pm):

☐ El Centro de Arnulfo Casillas (406 Activity Room) (Capacity 49)
☐ Conference Room (Capacity 18)

☐ EOP Conference (Room 2228) (Monday – Thursday 8:00am – 12:00am and Friday 8:00am – 6:00pm) (Capacity 20)

Briefly explain your order of preference or need for more than one room (if requesting multiple rooms):

___________________________________________________________________________________
___________________________________________________________________________________ (over)
### Event Details

<table>
<thead>
<tr>
<th>Event Type:</th>
<th>Recurrence:</th>
<th>Expected Attendance:</th>
<th>Will food be served?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meeting</td>
<td>One Time</td>
<td>____ - ____</td>
<td>□ YES □ NO</td>
</tr>
<tr>
<td>Speaker</td>
<td>Weekly- M T W Th F (please circle)</td>
<td></td>
<td>If yes, what?</td>
</tr>
<tr>
<td>Conference</td>
<td>Biweekly- M T W Th F (please circle)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td>Monthly</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Recurrence:**
- □ One Time
- □ Weekly- M T W Th F (please circle)
- □ Biweekly- M T W Th F (please circle)
- □ Monthly

**Expected Attendance:** ____ - ____

**Will food be served?** □ YES □ NO

If yes, what?

### Reservation Agreement

I have read and understand the General Guidelines (above) and acknowledge that I am responsible for ensuring the room(s) is left in its original setup, and for any damages to or loss of the rooms’ property. If inadvertent damage occurs, I will notify the EOP Office.

**Signature:**

*Signing this document signifies agreement to abide by the rules and regulations stated above for all requested EOP Facilities.*

**NOTE:** Reservations forms must be submitted in person to the EOP Front desk. Reservation forms will not be accepted via email.

### EOP Administrative Office Use Only

- □ Approved as is
- □ Approved with the following conditions/comments/changes:
  - __________________________________________________________
  - __________________________________________________________
  - __________________________________________________________

- □ Not Approved:
  - __________________________________________________________
  - __________________________________________________________
  - __________________________________________________________

**EOP Staff:** ____________________________  **Date:** ___/___/___

**Confirmation email sent:** ________(date)  **Receiving confirming email:** ________(date)

*EOP does not provide after-hours staffing. Approval for after-hours requests for EOP spaces will not be granted unless the same event has already been approved for SRB spaces.*