

## On Campus Facility Reservation Form

Complete this form then forward it to the SSH Office ([sshstaff@olympic.edu](mailto:sshstaff@olympic.edu)).

This form must be completed and turned in at least one week before your requested reservation.

**Film Title:**

**Your Name & Student ID Number:**

**Associated Class & Instructor:**

**Room Number Requested (i.e. 7-120):**

**Date Requested:**

**Hours Requested:**

By signing below, you agree that you will take full responsibility for anything and everyone who will be in the requested facility, you will not leave the facility unattended until it is secured by Campus Security, and you will leave the facility in the same condition in which you took responsibility for the facility.

**Signature**

**Date**