



Studio Reservation Request Form

Directions: Reoccurring reservations must be approved by Wellness Center administration. Complete this form by Thursday for the following week (Monday-Sunday) for the reservation date requested to be reviewed and approved. The term organization means any number of persons who have complied with the form requirements of becoming an organization, as set out by USD's Campus Life office. The term student/student group refers to 1-3 students who have not yet complied with the formal requirements of becoming an organization. See the USD Wellness Center Facility and Program Policies for more information. Each organization/student/group may reserve space for a maximum of 3 hours/week for no charge. For additional time, a fee of \$15/hour will be charged.

Staff Member Taking Request: _____

Rental Information:

Name of Organization/Student/Group: _____

Circle One: Organization Student/Group # of Participants: _____

Space Requested: (Circle one) 109 112 113

Date of Request _____ **Date/Time Requested for use:** _____

***Is this a Reoccurring Reservation?** Yes No **If Yes, End Date of Request** _____
(MUST BE APPROVED BY ASSOCIATE DIRECTOR, WENDY JOHNSON)

Provide a brief explanation of the type of activity being performed: _____

Requestor Contact Information:

Name: _____

Phone #: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Student Organization/Student/Student Group Request Agreement: I agree the above information is true to the best of my knowledge. I understand that deliberate wrongful information may result in forfeiture of present and future USD Wellness Center reservations. I agree to be in full compliance with the USD Wellness Center Facility and Program Policies. I understand that I may be held accountable for any litter and/or damages done to the facility beyond the normal wear and tear. I acknowledge that staff may deny and/or terminate my request and/or reservation at any time. I understand that my reservation may be cancelled if the space is needed for a Wellness Center event. By signing below, I accept the privilege to use the indicated space above.

Representative Signature: _____ **Date:** _____

<u>To be filled out by Wellness Center Staff</u>			
Approved: Yes No	Name of WC Staff: _____	Date: _____	
Reservation Complete	Yes No		
Reservation Entered in Fusion	Yes No		
Payment Information (only if over 3 hours)	Payment Amount: _____	Payment Type: _____	