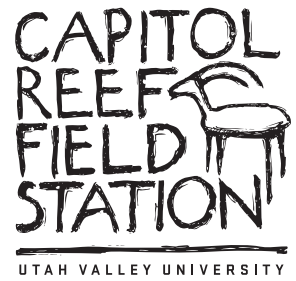


Schedule _____
Approve _____
Invoice _____
Payment _____
Deposit _____



Reservation Request

When finished with this form, save it and send it as an attachment to crfs@uvu.edu

To save this file, You must use the Adobe PDF Save Button in the lower toolbar



NOT File, Save As!

Dates Requested (MM/DD/YYYY)

From:

To:

Use:

Day Only

OR

Overnight

Name of class or group:

UVU Course Number - If Applicable:

Number of people in party:

Sponsoring Organization:

Contact Name:

Address:

City:

State:

ZIP:

Phone:

UVU Extension:

Email:

Activities the group intends to engage in:

Facilities needed (check all that apply):

Kitchen

Overhead Projector

Computer Projector

Rental & Deposit Payment Method:

Check

Cashier Office - UVU Campus

Banner Index Number