

CLARA BELL SMITH CENTER

APPLICATION FOR BUILDING USE

GROUP NAME _____

EVENT GROUP- UNIVERSITY () STUDENT () OTHER ()

Account # _____

EVENT UNIT (College/Department) _____

CONTACT PERSON _____

ADDRESS _____

PHONE _____ FAX _____ EMAIL _____

NATURE OF EVENT (Full description of Event)

PROJECTED ATTENDANCE _____

* You will be notified within 1-3 business days after submission of this request.