



University of Pittsburgh at Titusville

Office of Facilities Management
Coordinator of Conferences and Facilities Use

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UNIVERSITY ACTIVITY RESERVATION FORM

THIS FORM HAS 3 PAGES

Note: This form must be completed and submitted, including all set up and/or service requirements, at least one week in advance of the date of the event.

Requesting individual _____ Campus address _____

Organization or office _____ Campus telephone _____

Department Head _____ Campus e-mail _____

EVENT INFORMATION	
Name of Event _____	
Subject/Description _____	
Date(s): _____	
Attendance Expected _____	Admission Fee _____
Program Open To: <input type="checkbox"/> Public <input type="checkbox"/> Students <input type="checkbox"/> Faculty/Staff	

RESERVATION INFORMATION				
LOCATION		TIME AND DATE		
Building	Room	Month/Date	Start Time	End Time

Include time for set up and tear down. Building will be unlocked and locked at times requested above.

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SET UP, SERVICES, EQUIPMENT NEEDS

ROOM SET UP (number if appropriate)

____ Tables
____ Chairs
____ Piano
____ Podium
____ Staging
____ Other _____
____ Other _____

PERSONNEL SERVICES

____ Projectionist
____ Lighting
____ Sound
____ Custodial
____ Security
____ Other _____
____ Other _____

EQUIPMENT (specify type and number)

____ Audio-Visual _____
____ Sound _____
____ Lighting _____
____ Computer _____
____ Other _____
____ Other _____

CATERING (check all that apply)

____ Buffet Line
____ Sit-Down Meal (served)
____ Reception
____ Breakfast
____ Lunch
____ Supper
____ Pastry/Coffee
____ Coffee, Soda Service
____ Coffee Service Only
____ Other _____

NOTE: SPECIFIC CATERING ARRANGEMENTS
MUST BE MADE WITH FOOD SERVICE

GUEST PARKING: Guests must pick up a Guest Parking pass from the Campus Police Office in Spruce Hall or park on the street.

**PROVIDE A DIAGRAM AND DETAILS OF SET UP REQUIREMENTS ON THE NEXT PAGE
SPECIAL PROCEDURES APPLY TO THE USE OF CAMPUS AUDITORIUMS**

AUTHORIZATION

I understand that this event must be carried out in accordance with the relevant policies and procedures of the University of Pittsburgh and the Titusville Campus, and, if applicable, with the laws of the Commonwealth of Pennsylvania. I acknowledge that any damage to equipment or property resulting from this event will be charged to my department or organization.

Signed _____ Date _____

Signature of Department Head _____ Date _____

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**PLEASE DRAW A DIAGRAM OF ALL SET UP REQUIREMENTS IN THE SPACE
BELOW AND PROVIDE ANY OTHER DETAILS RELATING TO THE EVENT
Use a separate sheet if necessary**

THANK YOU VERY MUCH
If you have any questions, please call 827-5667