



**Duquesne University
School of Law
TABLE RESERVATION FORM**



DATE(S) REQUESTED:

First Choice: _____

Second Choice: _____

AREA REQUESTED: Upper Lounge (Java City), Upper Area, (at top of ramp), or Lower Lounge (at the end of the ramp).

First Choice: _____

Second Choice: _____

Third Choice: _____

NAME OF EVENT: _____

Start time: _____ a.m. p.m.

End time: _____ a.m. p.m.

PERSON RESPONSIBLE FOR THE EVENT

Contact Name: _____

Department/Organization: _____

Department/Organization Address: _____

E-mail (PREFERRED): _____

Phone: _____ **Fax:** _____

Responsible Person (if different from contact): _____

PLEASE NOTE THE FOLLOWING:

- ORGANIZATIONS MUST BE RECOGNIZED OR IN THE PROCESS OF BEING RECOGNIZED IN ORDER TO RESERVE A TABLE.
- YOU WILL BE CONTACTED VIA E-MAIL OR PHONE WITHIN 1-2 DAYS DEPENDING ON THE REQUEST.
- CLEAN UP AFTERWARDS IS REQUIRED AND TABLE IS TO BE REMOVED AND PLACED BY JAVA CITY WALL (NEAR CSO OFFICE).

**Return completed form to: Beth Bauer, Student Organizations Assistant, Room 305
bauerb3@duq.edu**

Date Received: _____

Approved by: _____

Event#: _____

Table Req#: _____