| IAHS Room BOOKING REQUEST FORM  |
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| **REQUESTORS Information** |
| Name: | Phone Number: | Email Address: |
| Student ID: | Program of Study:Club/Organization Name: MSU Approval:  |
| Official **Club Email Address** (for invoicing purposes): |  |
| Have you booked a room at IAHS before? |
| **\*Room Requests MUST be submitted at least 5 days in advance.****PLEASE NOTE: There is a fee of $10/hour for room rentals.** **Requests are processed first come first serve\*** |
| **ROOM INFORMATION**  |
| Date of Booking:  |  |
| Time of Booking:  |  |
| Event Title/Description: |  |
| Number of Attendees:  |  |
| Is there a Registration or Admission Fee?  |  |
| Is there food and/or alcohol? |  |
| Is an external group involved aside from McMaster University and/or Mohawk College? |  |
| Is A/V Equipment Required? |  |
| Specific Room Request:  |  |
| Approved EOHSS – please provide the Event Code.This is **mandatory** for all MSU bookings.  |  |
| Additional Information:  |  |
| \*Please contact iahsevents@mohawkcollege.ca should you no longer require the room\* |
| **AGREEMENT**  |
| I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_have read and understood the IAHS Room Rental guidelines and will adhere to them. I understand that I am responsible for the room(s) outlined, during the specific date and time. My signature below acknowledges that I will be held accountable should there be any damage to the room, cleanliness issues, noise complaints, or a lost key regarding this booking. I understand should these guidelines be broken, room booking privileges will be revoked and a fee will be instituted to cover any damages. Signature: |
| Date:  |
| **CONFIRMATION** |
| *This area is to be completed by the IAHS Events Officer* |
|  |
| ROOM REQUEST GRANTED: |
| ROOM REQUEST DENIED: |

