| 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](mailto: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: | | | |

