

RESERVATIONS FOR PICK UP AND RETURN OF TABLES AND CHAIRS

I, the undersigned applicant, am the advisor or advisor's designee to the student organization listed below and agree to pick up and return the agreed upon number of tables and chairs as indicated below for use on campus. I understand that failure to return any tables or chairs will result in the student organization listed below being billed as follows: \$100 per table, \$50 per chair. I also understand that only those students designated by the organization's advisor can sign for reserving the tables and chairs. In addition, I understand that if the organization returns the tables and chairs after the date indicated below, a late fee of \$10 per table and \$5 per chair will be billed to the organization.

All tables and chairs must be picked up and returned during the following times: Monday-Friday, 7 a.m.–4 p.m. No weekend pick-ups or returns (unless prior approval is granted). You must contact the Student Involvement Office in USU, Room 306 prior to picking up or returning tables and chairs to sign out for tables and chairs and to verify the return of all tables and chairs.

Organization Name:				-
Applicant's Name:(Must	be Advisor or Advisor	r's Designee)	Phone:	
Pick Up Date:	Time:	Return Date:	Time:	-
# of Tables	Needed:	# of Chairs	Needed:	
			ner than organization's adviso	or or -
		* * * * * * * * * * * * * * * *	Date:	
Date of Pick Up:		# of Tables:	# of Chairs:	-
Table Number(s):				-
Signature of Borrower: (Must b	e Advisor, Advisor's I	Designee or organization me	Date: mber designated above)	-
Signature of Checkout P	erson:		Date:	-
* *	* * * * * * * * * * * *	* * * * * * * * * * * * * * * *	* * * * * * * * * * *	
Date Returned:		Verified by:		-