

**OFFICIAL USE ONLY**

Date Copy to: Michael \_\_\_\_\_  
Marquita \_\_\_\_\_  
Security \_\_\_\_\_  
Approving Initials \_\_\_\_\_

Date: \_\_\_\_\_

Department #: \_\_\_\_\_

Account #: \_\_\_\_\_  
**(REQUIRED)**

**AGRICULTURAL SCIENCE NORTH – RESERVATION FORM**

Name of Group or Conference \_\_\_\_\_  
**(PLEASE TYPE OR PRINT)**

University Organization Sponsoring Event \_\_\_\_\_

Date of Event \_\_\_\_\_ Start Time \_\_\_\_\_ Ending Time \_\_\_\_\_  
**MM/DD/YY AM/PM AM/PM**

Number in Group \_\_\_\_\_ Purpose of Event \_\_\_\_\_

**Accommodations Needed:**

Seay Auditorium \_\_\_\_\_  
**(Seating capacity – 497)**

\*\*Upper Foyer \_\_\_\_\_

\*\*Lower Foyer \_\_\_\_\_

**Equipment Needed:**

Chairs \_\_\_\_\_ **(Number Required)**

Tables \_\_\_\_\_ **(Number Required)**

Lectern \_\_\_\_\_

P.A. System \_\_\_\_\_

P.A. Operator \_\_\_\_\_

\*\*In requesting these facilities, it is necessary to indicate room arrangement desired on diagram below.



Is food to be served? \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

I acknowledge by my signature that I understand and accept all the rules and regulations herein set forth.  
**(Please read all rules and regulations on the back of this form.)**

\_\_\_\_\_  
**(Type or Print Name)**

\_\_\_\_\_  
**(Signature of person making request)**

CONFIRMED: \_\_\_\_\_

Address: Room # \_\_\_\_\_ Bldg. \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please return 2 copies of this form to Facilities Management, C-12 Ag Science North, University of Kentucky,  
Lexington, KY 40546-0091. Telephone: 859-254-1434 x 264; Fax: 859-281-6438.