Evelyn Chapel
Space Request Form

Group Name:__________________________________________
Name and Description of Program / Event:__________________________________________

Contact Person__________________________________________
Phone__________________________________________
Mailing Address__________________________________________
E-mail Address__________________________________________

Reservation Date:__________________________________________

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<tr>
<th>Day of the Week</th>
<th>Month</th>
<th>Date</th>
<th>Year</th>
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Start Time:___________ am  pm   End Time:___________ am  pm

Area Requested:  □ Sanctuary (capacity 215)  □ Meditation Space
□ Fellowship Hall  □ Conference Room

2nd Choice Reservation Date:__________________________________________

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Start Time:___________ am  pm   End Time:___________ am  pm

Area(s) Requested:__________________________________________

Will you need:  □ organ   □ piano   □ other__________________________

Will refreshments be served?   □ yes   □ no

Estimated Number of People to Attend:
From the Wesleyan Community__________  From Outside the Community__________
Eligibility: Is your group . . .

- an official unit of Illinois Wesleyan University? [ ]
- a registered student organization with the Office of Student Affairs? [ ]
- a non-academic program of a IWU department, school or office? [ ]
- part of a larger unity (National, International, etc.) [ ]

If yes, please give name and address

STATEMENT OF AGREEMENT AND RESPONSIBILITY

Please read carefully and sign below

1. I agree to comply with all conditions of Evelyn Chapel Building Use Policy attached to this space request.
2. I understand that my space request is not confirmed until I have received written notification from the Registrar’s Office and that space requests require approximately two weeks for processing.
3. I understand that Evelyn Chapel reserves the right to reschedule or cancel any event.

Signature ___________________________  Today’s Date ___________________________