

For Office Use Only
EVENT DATE: _____

**La Casa/Latino Cultural Center
Room Reservation Form**

<i>Name of person requesting:</i>	<i>E-mail address:</i>	<i>Sponsor's phone number:</i>
<i>Name of Sponsor (organization/department):</i>		<i>Anticipated Attendance:</i>
<i>Name and type of event/function (meeting, reception, workshop, annual event, etc.):</i>		<i>Actual time of event:</i>
<i>Event Date(s) requested (month(s)/day(s)/year):</i>		<i>Total Starting and Ending Time Needed (includes set-up & clean-up time):</i>

<i>Rooms needed for designated activity/event:</i>		<i>Equipment needed for activity/event:</i>	
Living Room Lounge	<input type="checkbox"/>	Computer Room	<input type="checkbox"/>
Kitchen	<input type="checkbox"/>	Conference Room	<input type="checkbox"/>
Sunroom/Patio	<input type="checkbox"/>	Library	<input type="checkbox"/>
Other (please specify):		Coffee Pot	<input type="checkbox"/>
		Grill	<input type="checkbox"/>
		Microwave	<input type="checkbox"/>
		Refrigerator	<input type="checkbox"/>
		Stove	<input type="checkbox"/>
		LCD Projector	<input type="checkbox"/>
		Lap Top	<input type="checkbox"/>
		Screen	<input type="checkbox"/>
		Speakers	<input type="checkbox"/>
		DVD/VCR	<input type="checkbox"/>

<i>Please detail any special assistance you would like from La Casa's staff:</i>
If you are serving or selling food, please be aware of IU's food policy: https://protect.iu.edu/environmental-health/public-health/food-safety/temporary-event.html

I _____ understand that I am personally responsible for any and all damage that may occur at La Casa during the above-mentioned activity, function, or event. I further understand that I am responsible for enforcing the Indiana University law prohibiting the consumption of alcoholic beverages by ALL persons attending this activity, function, or event. In addition, I am responsible to ensure that the premises are cleaned immediately after the activity, function, or event has concluded.

In the event La Casa sustains any property damage(s) as a result of this activity, function, or event, Indiana University Building Services will assess damages. I will be notified of any cost for these repairs as well as the manner in which payment may be made. If payment is not made within seven business days, I will be assessed the aforementioned damages as well as any and all collection costs and reasonable attorney's fees.

Applicant's signature

Date signed

<i>For La Casa office use only</i>	
Date Approved: _____	Approved by: _____
Date Confirmation Letter/Email Sent: _____	
Staff Scheduled to Work: _____	

LA CASA RESERVES THE RIGHT TO DENY FUTURE USAGE OF FACILITIES TO ANY GROUP THAT HAS CAUSED PROPERTY DAMAGES.