

White Building Practice Space Request Form

Please email completed form to npp5046@psu.edu

Registered Student Organization Name (no abbreviations): _____

Primary Contact Info:

NAME	PHONE	PSU EMAIL

Secondary Contact Info:

NAME	PHONE	PSU EMAIL

Room(s) Requested (check all that would meet your needs):

47		<i>No mirrors</i>
50/51		<i>Mirrored room</i>
106		<i>Mirrored room</i>
113		<i>No shoes allowed</i>
126 Gym (Half only)		
126 Gym (Full)		
132		<i>Mirrored room</i>
133		<i>Mirrored room</i>

Anticipated attendance # _____

Briefly describe what the space will be utilized for by your organization:

Days/Times Requested

Day	Time In	Time Out
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

This reservation is not validated until confirmed by the facility coordinator. Any patron/group who utilizes the White Building agrees to adhere to all facility and university policies. All reservations are subject to cancellation without notice due to special events or circumstances. Patron/organization will be charged for any janitorial services, floor protection, maintenance, etc. required for practice or damages incurred during use. Any storage in the facility must be approved by the facility coordinator. The White Building is not responsible for lost/damaged equipment.

I have read and understand the above policy pertaining to use of the White Building.

Signature of applicant _____ **Date:** _____

Internal Use Only

Date Approved/Denied: _____

Date Email Sent to Contact: _____