Please return completed copy to Steve DeHart.

VIRGINIA TECH
COLLEGE OF VETERINARY MEDICINE
REQUEST FOR USE OF THE COLLEGE CENTER/PHASE II GROVE

Request date: _____
Event Title: _____
Description: _____
_____
Event Date: _____ Time: _____

Remember breakfast and lunch is served weekdays in center

Sponsoring Organization: _____
Name of Representative: _____
Title of Representative: _____
Mailing Address: _____
Phone: _____ - _____ - _____

Description of Special Decorations or props (if any): _____

_____

Admission Fee (if any): _____

NO PETS ARE ALLOWED IN CENTER.

PRINT FORM

** My signature below indicates I have read and understand the rules which govern use of the College Center. My signature indicates the intention of the organization I represent to comply with these regulations. FAILURE TO ADHERE TO THESE REGULATIONS WILL RESULT IN THE LOSS OF FUTURE USE PRIVILEGES. **

_____
SIGNATURE OF ORGANIZATION REPRESENTATIVE DATE

Return to Steve DeHart, College of Vet Medicine 24061-0442 You will be contacted.

---------- College of Veterinary Medicine Use Only ----------

Date Received: _____ Approved: _____ Disapproved: _____

Signature _____
College of Veterinary Medicine Representative 9/92