



DUSA ROOM BOOKING FORM

This form must be used for all DUSA room bookings and be forwarded to the Support Coordinator on the relevant campus.

CLUB CONTACT DETAILS	
CAMPUS	
CLUB NAME	
ACTIVITY	
CONTACT PERSON	
MOBILE PHONE	
EMAIL	

BOOKING DETAILS				
DATE	ROOM / AREA / FACILITY / VENUE	NUMBER OF ATTENDEES	START TIME	FINISH TIME

ADDITIONAL BOOKING INFORMATION		
FOOD	<input type="checkbox"/> YES <input type="checkbox"/> NO	DETAILS OF ANY PLANNED ENTERTAINMENT AND/OR VISITORS TO CAMPUS:
ALCOHOL	<input type="checkbox"/> YES <input type="checkbox"/> NO	
SECURITY	<input type="checkbox"/> YES <input type="checkbox"/> NO	
CLEANING	<input type="checkbox"/> YES <input type="checkbox"/> NO	

SIGNATURES			
I have read and agree to abide by the "CONDITIONS FOR SHORT TERM HIRE AND OTHER USE OF UNIVERSITY PREMISES AND FACILITIES"			
CLUB EXECUTIVE		DUSA CLUB SUPPORT COORDINATOR	
Position / Role		Name	
Name		Signature	
Signature		Date	
Date			