## Outside Group: Signature Form Acknowledging Receipt of Room Use Policy

Group Name:

Purpose/name of event:

Date request placed: Date of event:
 Time of event:

Responsible Individual:
 Name:

 Phone Number:

 Email:

Will group be providing food/beverage:

Will group be using projectors, air media, or other presentation technology?

Will group (TCU only) use the Surface Pros in the room?

By signing below, I acknowledge receipt of this policy, and take responsibility for ensuring compliance with these requirements.

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Signature Date