YALE UNIVERSITY – FACULTY OF ARTS AND SCIENCES

Classroom Use Agreement

Organization: _____

Contact Name: _____ Phone #: _____
(Please print)

Mailing Address: _____ Email Address: _____

Registered University organizations and approved external organizations are allowed to use University classrooms for meetings only. Note that charges may be assessed for audio-visual, custodial, or security services as stated in the *Building Users Guide for Yale University Classrooms.* All undergraduate organizations must comply with the *Undergraduate Regulations*. **All student organizations must be registered with a University department.**

Event name or brief description: _____

Event Dates or Term: _____ # of Participants: _____

Will this event be attended by non-Yale affiliates (circle one)? Yes No

Comments/Special needs: _____

_____

_____

As a representative of _____ (name of organization), I have read carefully the document *Building Users Guide for Yale University Classrooms* and agree to the guidelines as stated in that document. I understand that as a representative of this organization, I will be held personally responsible for the condition of the rooms that will be assigned for this event.

_____ _____ _____
Signature of Organization Representative Date Time

Recognition of University Department (for student organizations only)

Organization is registered with:
- ☐ Yale College Dean's Office
- ☐ Residential Coll. Masters Office
- ☐ University Secretary
- ☐ Dwight Hall
- ☐ Other: _____
  Department Name

_____ _____
Print name of Department Agent Signature of Department Agent

_____
Date

Section for Registrar: Event Approved: Yes No

_____ _____
Signature of Agent Date

Deposit/Payment collected: Yes No Amount: _____

If not collected, reason: _____

_____

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Classroom Request Details

Please use this form to list the specific classroom needs of this event. Rules, regulations, and charging instructions are listed on the *Building Users Guide for Yale University Classrooms.* Applicable fees must be paid in advance of the event.

Event name (or brief description): _____

Event Dates or Term _____ # of Participants _____

Comments/Special needs: _____

_____

_____

Date	Start Time	End Time	# of Rooms	Room Size or Specific Building/Room