

### REED/JOHNSON AND WEIBLE BREEZEWAY RESERVATION & POLICY FORM

Name: \_\_\_\_\_ ID #: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dept/Org (if applicable): \_\_\_\_\_ Campus Address: \_\_\_\_\_

#### RESERVATION INFORMATION

Reservation Title: \_\_\_\_\_ Reservation Date/s: \_\_\_\_\_

Event Start Time: (including set-up time) \_\_\_\_\_ Event End Time: \_\_\_\_\_

Breezeway Being Reserved (R/J or Weible): \_\_\_\_\_

Reservation Description: \_\_\_\_\_

#### POLICIES & PROCEDURES

1. Breezeway use requires a reservation submitted through the Residence Life Office, located in West Bison Court. The reservation must be made at least two weeks in advance of the event.
2. Only NDSU organizations and departments are allowed to reserve the breezeway.
3. The breezeway constitutes the glassed-in areas between Reed/Johnson and the Residence Dining Center, and Weible Hall and the Residence Dining Center.
4. There is a limit of one table/ organization/ department per breezeway at a time.
5. Tables must be provided by the organization/ department reserving the breezeway.
6. Organizations/departments may reserve the breezeway one time per semester.
7. The individual reserving the breezeway will be responsible for the condition of the facility. Any cleaning/damages will be billed to the individual reserving the breezeway. The individual reserving the breezeway will also be responsible for the conduct for any/all guests.
8. All individuals using the breezeway must abide by all policies as stated in the Code of Student Behavior (<http://www.ndsu.edu/fileadmin/studentlife/StudentCode.pdf>). Failure to comply with these policies will result in disciplinary action taken against the individual(s) violating policy, the individual reserving the breezeway, and/or the sponsoring organization.
9. Respect those who are walking through the breezeway by not forcing them to stop to talk to your group or to take a handout.

I have read and agree to abide by the above policies.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Residence Life Signature \_\_\_\_\_

Date \_\_\_\_\_

Office Use ONLY: \_\_\_\_\_ On duty staff notified \_\_\_\_\_ Access Given \_\_\_\_\_ Confirmation Sent \_\_\_\_\_