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: _______________________________________________________

Revised 1/04; dr
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: _______________________________________________________

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<tr>
<th>Date</th>
<th>Start Time</th>
<th>End Time</th>
<th># of Rooms</th>
<th>Room Size or Specific Building/Room</th>
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