

Breakzone Reservation Form

Student Engagement and Campus Life | Virginia Tech
 290 College Ave. Blacksburg, Virginia 24061
 Phone: 540.231.4476

Application Fee (<i>office use only</i>):	<input type="checkbox"/> Received <input type="checkbox"/> Not Received <input type="checkbox"/> Approved <input type="checkbox"/> Denied
Current Amount Due (<i>office use only</i>):	_____ <input type="checkbox"/> Paid <input type="checkbox"/> Not Paid
Employee Initials (<i>office use only</i>):	_____
Date Billed (<i>manager use only</i>):	_____

Type of Event Space (*Check All That Apply*):

<input type="checkbox"/> Billiards # of Tables Requested _____ <input type="checkbox"/> Club Billiards <input type="checkbox"/> Regular Billiards	<input type="checkbox"/> Bowling # of Lanes Requested _____ <input type="checkbox"/> Cosmic Bowling (4 lane minimum)	<input type="checkbox"/> Table Tennis # of Tables Requested _____
<input type="checkbox"/> Foosball	<input type="checkbox"/> Darts	<input type="checkbox"/> Gaming Section
<input type="checkbox"/> Entire Recreation Area	<i>Entire Area reservations Include: 16 regular pool tables, 1 snooker table, 4 table tennis tables (includes 4 table tennis balls), bumper pool table, dart boards, 2 TVs hooked to multiple gaming consoles and 8 bowling lanes with unlimited games.</i>	

Event Title: _____ **Estimated Attendance:** _____

Detailed Event Description:

Requestor's Name: _____

Phone: _____ **E-mail:** _____

Billing Address: _____

Sponsoring Org/Department Requesting: _____

[If affiliated with a Virginia Tech Department, a currently registered student organization]

On-Site Contact: _____

[The person who will be present for the event duration at the event location, if different than above]

Cell Phone: _____ **E-mail:** _____

Party to be billed: Student Organization University Department/External Client

Payment Method: Direct Billing (must be approved prior to the event) Check/Credit Card/Cash Hokie Mart/Purchase Order

Requested Date(s) or Range of Dates:		Event Start/End Time: (Include setup/teardown time)	
1 st Choice Date:			
2 nd Choice Date:			
3 rd Choice Date:			

My signature below indicates understanding of the above information and agreement to abide by all Breakzone and Student Engagement and Campus Life facility use and reservation policies as well as all applicable University Policies, Federal and State Laws. I also agree to make payment to Student Engagement and Campus Life by the specified dates as agreed. I understand that cleaning and damage fees may be applied in addition to regular rental rates.

Signature of Responsible Party: _____ **Date:** _____