

# MEDICAL UNIVERSITY OF SOUTH CAROLINA

## Portico, Horseshoe, Lobby and Terrace Garden Reservation Agreement Form

Reservations are not authorized and the room may not be used until written confirmation is received by the requestor. All applicable information must be completed before the room reservation agreement will be processed. PLEASE TYPE OR PRINT. Return form to OFFICE OF ENROLLMENT MANAGEMENT, 41 Bee Street, or FAX to 792-5094. For information, call 792-1537. Refer to complete policies and procedures regarding usage of these areas before requesting them. Usage is restricted to approved functions; each room has different criteria.

CHECK APPROPRIATE BOXES:

AREA(S) REQUESTED

Portico:  BE  DD  EL

Horseshoe

Lobby:  BE  DD  EL

Terrace Garden

FUNCTION OR ACTIVITY:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NUMBER OF PEOPLE USING AREA \_\_\_\_\_

The requestor/sponsor is fully responsible for any repairs or excessive maintenance required in the opinion of the University to restore the room to its original condition. When food and drink are brought in, the requestor/sponsor is also responsible to remove any unconsumed food and drink at the end of the meeting. Please coordinate recycling prior to your event with the MUSC Recycling Program at 792-9745. Trash removal should be coordinated with housekeeping at 792-9461. Requestors/sponsors who cause damage or excessive maintenance will not only be liable for repairs but will also be put on probation such that one or more instance of damage will result in denial of room use privileges for one calendar year in any campus facility scheduled through the Office of Enrollment Management.

DAY(S) OF WEEK

DATE(S) NEEDED

from (mo/day/yr) to

TIME(S) NEEDED

from (am/pm) to

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Signature of MUSC Requestor/Sponsor accountable for appropriate room usage

Print name

Date

Department

Email

Telephone #

FAX

COMPLETE IF USER IS NON-MUSC BASED:

Signature of MUSC Requestor/Sponsor accountable for appropriate room usage

Print name

Date

Department

Email

Telephone #

FAX

COMPLETE IF RESERVED ROOM IS TO BE CANCELLED: *This confirmation copy **MUST BE USED** to cancel all or part of the reservation. Specify below that portion which you wish to cancel. Sign and return to OFFICE OF ENROLLMENT MANAGEMENT, 41 Bee Street, or FAX to 792-5094.*

Name of Individual/Organization (Person to Contact)

Street

City

State

Zip

Telephone #

FAX

FOR OFFICE USE ONLY:

ROOM FEE:

Waived

Date Approved

Billed

Initialed

ROOM #

**Parking Information:** If parking accommodations are needed for guests coming from off campus locations, prior parking reservations are necessary. Please call 792-3665 and ask for the Guest Parking Coordinator, or visit their web site at [www.musc.edu/parking](http://www.musc.edu/parking).