



CENTER FOR FRATERNITY & SORORITY LIFE
Division of Student Affairs

ROOM RENTAL AGREEMENT FORM

Organization: _____

Contact Name: _____

Phone Number: _____ Email: _____

As the representative of the above mentioned organization, I understand and agree to the regulations and conditions established in the Center for Fraternity and Sorority Life guidelines on behalf of the organization.

Date: _____

Signature of Representative

Table with 3 columns: Room, 1-4 Hours, 4+ Hours. Rows include CFSL Conference Room, CFSL Chapter Room, CFSL Rotunda, CFSL Chapter Room & Rotunda, and CFSL Lawn.

Room Request (Circle One): Conference Chapter Rotunda Chapter/Rotunda Lawn

Date(s) Required: _____

Times from/to: _____ Estimated Attendance: _____

Name of event: _____

Room Style (Circle One): Conference U-Shape Classroom Theatre

Number of Chairs: _____ Tables: _____ Technology: Mic: _____ Projector: _____ TV: _____

Chart String/Check: _____

Submit completed form to: cfsl@unt.edu

1155 Union Circle #310728 Denton, Texas 76203-5017

940.369.8463 https://studentaffairs.unt.edu/cfsl

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