



James Madison University
Office of Alumni Relations
Leeolou Alumni Center
MSC 4402
Harrisonburg, VA 22807
540.568.6234

Leeolou Alumni Center Reservation Request Form

Name: _____

Sponsoring Department or Group: _____

Budget Code (for JMU Departments only): _____

Address: _____

Phone: _____

E-mail: _____

Name of Event: _____

Area to be used: (check all that apply) Great Room Patio Lobby

Number of Attendees Expected: _____ Date of event: _____

Time of event: _____ / _____ Set up time needed: _____
(include both starting and ending time)

Description of event: _____

Will you be having food at this event? Yes No
You must use Special Event Catering to have food in this facility (568-6637).

Will you be serving alcohol at this event? Yes No
You must use Special Event Catering to have alcohol in this facility (568-6637).

Do you plan to use the audio-visual equipment or fireplace in the Great Room?
 Yes No
You must schedule a training session with the Office of Alumni Relations prior to your event.

Do you have any additional technical needs: Yes No

If yes, please detail needs: _____

I understand that a member of our organization is responsible for staying in the building until the facility is locked and secured by the Special Event Catering Staff, and that our organization is responsible if the facility is subsequently found unlocked.

I understand that our organization is responsible and liable for any damages to the facility and/or financial charges for repair and reset of the facility.

I understand that Non-University-sponsored event reservations are subject to a \$250 deposit. All deposits are refundable and the original deposit check will be returned as long as the facility is left in the manner in which it was found.

I have read and agree to the Rental Agreement and the General Policies and Procedures for use of the Leeolou Alumni Center.

Signature _____
Reserving Department Signature Authority

Date: _____

Signature: _____
Department Budget Authority (if required)

Date: _____

Signature _____
Office of Alumni Relations

Date: _____

Please complete form and return to:
Mary Hall
Office of Alumni Relations
2002 Alumni Drive, MSC 4402
Harrisonburg, VA 22807
Fax: 540-568-8819