



AMS BOOKING REPRESENTATIVES

Name of student organization: _____

Nest room number: _____ Nest box number: _____

BOOKING REPRESENTATIVES

1. Name: _____

Student Number: _____

Phone (main): _____ Phone (alternate): _____

Email: _____

2. Name: _____

Student Number: _____

Phone (main): _____ Phone (alternate): _____

Email: _____

AUTHORIZATION OF CLUB OR UNDERGRADUATE SOCIETY PRESIDENT

Name: _____ Date: _____

Signature: _____

This form must be returned to Scheduling Services prior to any booking request made by new Booking Representatives. Email the completed form to room.bookings@ubc.ca.