



BOOKING REPRESENTATIVES FOR UBC CLASSROOM SPACE

Name of student organization: _____

BOOKING REPRESENTATIVES

1. Name: _____
Student Number: _____
Phone (main): _____ Phone (alternate): _____
Email: _____

2. Name: _____
Student Number: _____
Phone (main): _____ Phone (alternate): _____
Email: _____

AUTHORIZATION OF STUDENT ORGANIZATION PRESIDENT

Name: _____ Date: _____

Signature: _____

This form must be completed and returned to Scheduling Services via email (room.bookings@ubc.ca) prior to any booking request made by new Booking Representatives.

This form will not be accepted if a current Student Group Authorization form is not on file with Scheduling Services. For more information, call 604.822.9292.