



# AMS BOOKING REPRESENTATIVES

Name of student organization: \_\_\_\_\_

Nest room number: \_\_\_\_\_ Nest box number: \_\_\_\_\_

## BOOKING REPRESENTATIVES

1. Name: \_\_\_\_\_  
 Student Number: \_\_\_\_\_  
 Phone (main): \_\_\_\_\_ Phone (alternate): \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- I confirm that all bookings I request will comply with the [Booking Guidelines for General Teaching Space](#) and the *Terms and Conditions* set out in the [Room Booking Request Form](#)
- I confirm that when I request bookings on behalf of other individuals in my organization, I will ensure that they are aware of the terms of the above *Booking Guidelines for General Teaching Space* and *Terms and Conditions*

2. Name: \_\_\_\_\_  
 Student Number: \_\_\_\_\_  
 Phone (main): \_\_\_\_\_ Phone (alternate): \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- I confirm that all bookings I request will comply with the [Booking Guidelines for General Teaching Space](#) and the *Terms and Conditions* set out in the [Room Booking Request Form](#)
- I confirm that when I request bookings on behalf of other individuals in my organization, I will ensure that they are aware of the terms of the above *Booking Guidelines for General Teaching Space* and *Terms and Conditions*

## 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.