



BOOKING REPRESENTATIVES FOR UBC CLASSROOM SPACE

Name of student organization: _____

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 STUDENT ORGANIZATION 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.

This form will not be accepted if a current Student Group Authorization form is not on file with Scheduling Services. For more information, email room.bookings@ubc.ca.