DEPARTMENT OF POLITICAL SCIENCE

YALE UNIVERSITY

115 Prospect Street

P.O. Box 208301

New Haven, CT 06520-8301

ROOM RESERVATION REQUEST FORM

Your reservation will not be confirmed until you return this form including a Workday COA and an authorized signature from the sponsoring Department.

**Note that all reservations must be Yale University department-related events.**

Please email or fax the completed form.

Fax: 432-6196

Email: xaria.callender@yale.ed or thomas.hallihan@yale.edu

|  |  |  |  |
| --- | --- | --- | --- |
| **Sponsor/Organizer**  |       | **Phone** |       |
| **Contact Person** |       | **E-mail** |       |
|  |  | **Fax** |       |
|  |  |
| **Event Title** |       |
| **Event Type**  |  |  |  |
| **Day and Date of Event** |       |  |  |
| **Time** (start and end) |       |  |
| **Attendees** (Maximum #) |       |  |
|  |  |
| **Room Requested** |  **(1st choice)** |
| **Room Requested** |  **(2nd choice)** |
| **Caterer** (name) |       | **Alcoholic Beverages**  |  |
| **Evenings**(after 4:30pm.) **Weekends :**  | **Monitor**  | **Custodial**  |  |
|  |  |  |  |
| **Workday COA** (required) |       |  |  |
|  |  |  |  |

*ROOM RESERVATION RATES*

|  |  |  |
| --- | --- | --- |
| **room type & number** | **maximum capacity** | **rental fee** |
|  |  |  |
| Rosenkranz 02 Classroom | 20 | $50 |
| Rosenkranz 04 Classroom | 18 | $50 |
| Rosenkranz 05 Classroom  | 49 | $50 |
| Rosenkranz 06 Classroom | 18 | $50 |
| Rosenkranz 08 Seminar | 18 | $50 |
| Rosenkranz 102 Classroom | 36 | $50 |
| Rosenkranz 202 Classroom | 26 | $50 |
| Rosenkranz 227 Fac. Meeting | 8 | $50 |
| Rosenkranz 237 Fac. Lounge | 10 | $50 |
| Rosenkranz 301 Classroom | 22 | $50 |
| Rosenkranz 329 Fac. Meeting | 8 | $50 |
| Rosenkranz Lobby | 50 | $100 |

**Cancellations** – Sponsor will be charged the minimum fee ($60) if a room reservation requiring a monitor is canceled less than 24 hours prior to the event.

**Audio/ Visual Usage** – please call Media Services @ 432-2650 or use links to find form online.

**Food and Beverages** – Indicate if you plan to serve alcoholic beverages. *Authorization from the Political Science Department is required to serve alcoholic beverages.* Political Science enforces the guidelines set forth in the Yale College regulations on alcoholic beverages. Under no circumstances may alcohol be served to anyone under the age of 21.

**Monitor’s Fee** – An event monitor is required for all events held outside normal business hours (8:00am to 4:30pm). Political Science will make the arrangements for this service. There is a three-hour minimum ($60 per event) when hiring event monitors. Each additional hour after the first three hours is charged at $20 per hour.

**Custodial Services** – To arrange custodial services before and after an event, including furniture arrangements and special cleaning needs, contact Custodial Services at 432-6511. Rooms must be left clean after use and all furniture must be returned to their original position. **Pre-arrangement for cleanup is required for ALL events serving food and beverages.**

**Fire Code** – The Yale University Fire Marshal strictly enforces the maximum room capacity fire code and makes frequent, unscheduled inspections. Under no circumstances will an event be allowed to exceed the maximum room capacity.

**Furnishings and Equipment** – Rearranging furniture and equipment in any room is discouraged. Please do not move these items to another room*. Lost, stolen or damaged furnishings or equipment will be replaced at the sponsor’s expense.*

**Building Access** – No doors to Rosenkranz Hall may be propped open.

**Confirmation** – Event confirmation will normally be made no sooner than thirty (30) days before the event unless the room request was submitted before the classroom schedule for academic classes held in Rosenkranz Hall has been entered into the database. All confirmations are sent via e-mail.

**Acknowledgment and Authorization**

*I have read and agree to abide by the rules and charges governing the use of space in Rosenkranz Hall/Political Science as set forth by the Department’s business office.*

Authorized Signature (required) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: