

Reservation & Billing Authorization

This form must be filled out by the President/Treasurer or an Authorized Representative of your organization if the Event Coordinator making the reservation is not on the Access List.

Type of Organization: SA Group Acct. No.: _____
 Fraternity/Sorority
 University Department
 Other: _____

Organization Name: _____

Event: _____ Event Date: _____

Event Coordinator: _____

If SA Group or Fraternity/Sorority:

President/Treasurer: _____

Phone No.: _____ Email: _____

If University Department or Other:

Authorized Representative: _____

Title: _____

Phone No.: _____ Email: _____

I, the President/Treasurer/Authorized Representative of the above-named Organization, authorizes the above-named Event Coordinator to make a reservation (and any changes) with BSSL for the above-named Event. I understand that my organization will be billed for the Total amount on the Reservation Form.

Signature: _____ Date: _____