



University Table Booking Form

Date Submitted

Organizer Information

Club	
Contact Person	
Phone	Email

Table Booking Information

Date		Time	
Purpose (be specific)			
Location	<input type="checkbox"/> West Gate	<input type="checkbox"/> Main Street	
# of Tables			

Date		Time	
Purpose (be specific)			
Location	<input type="checkbox"/> West Gate	<input type="checkbox"/> Main Street	
# of Tables			

Office Use

Clubs Coordinator Signature		Date
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SAMRU Approval		Club Contacted		Bookings	
By		By		By	
Date		Date		Date	
Approval		To		Via	

The personal information collected on this form will be used to administer and manage SAMRU's programs and services, and to maintain SAMRU's records. This information will be protected by the provisions of the Personal Information and Protection Act and can be reviewed during normal business hours upon request. Information may be disclosed to third parties in order to meet specific contractual and legislative requirements required to deliver services that you have requested. We treat your personal information with care and respect, and use it to improve our services to you.