

Date Received _____

RANKJN STUDENT CENTER

Delegated Booker

(You will not be allowed to make reservations until this form is completed and returned.)

Organization _____

Organization Address _____

Delegated Booker _____

Booker Signature _____

Phone Number _____

E-mail Address _____

President _____

President Signature _____

Phone Number _____

E-mail Address _____

Advisor _____

Advisor Signature _____

Advisor Address _____

E-mail Address _____

Phone Number _____

Return to Rankin Student Center (room 243) when completed.

Date Processed _____