



LAKEHEAD UNIVERSITY STUDENT UNION

www.lusu.ca

LOCAL 32 CANADIAN FEDERATION OF STUDENTS

For students, by students.

**\*\* PLEASE BOOK 2 WEEKS IN ADVANCE TO GUARANTEE AVAILABILITY \*\***

Date of Request: (mm/dd/yy)

Campus: OA / Heritage Place  
(Circle One)

Room/Space that you are requesting:   
Classroom, Common Area, Hallway)

What day do you need the room/space? (mm/dd/yy)

What time do you need the room/space? (0:00am/pm - 0:00am/pm)

Discription of Event:

Equipment Requested: (ie. Tables, Chairs, Podium, etc.)

Audio/Visual Equipment Requested:

**CONTACT INFORMATION**

Club Name:

Your Name:

Your Telephone #:

Your Email: