

**Directions:**

- **Print and fill out this form and mail it to the University Club at: *Indiana Memorial Union, 900 E. Seventh St., Bloomington, IN 47405* or**
- **Copy and paste this form into an e-mail message to [uclub@indiana.edu](mailto:uclub@indiana.edu), filling in the required information or**
- **Print and fill in the required information and fax it (812-856-4283) to the University Club.**
  
- **YOU MUST call or e-mail the club manager to confirm the availability of the room.**

**This form is ONLY a confirmation that you have read the club rules and that you agree to follow them when you rent University Club Rooms.**

**UNIVERSITY CLUB ROOM CONFIRMATION -- PLEASE SIGN & RETURN OR FAX TO 812-856-4283**

**To:** *University Club of Indiana University*

**Event:** \_\_\_\_\_

**Responsible Individual:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_

**Room reserved:** \_\_\_\_\_

The basic room charge will be \$\_\_\_\_\_ per event date and host/hostess fee of \$10 per hour (\$20 per hour after midnight) beginning 30 minutes prior to the start of your event and ending when the last guest leaves. Cancellations must be in writing 10 days prior to event or full rental fee will be charged. (e-mail is okay [[uclub@indiana.edu](mailto:uclub@indiana.edu)]). If you change your event times, please notify the U Club.

If you need Set-ups (tables, audio/visual equipment), call 812-855-1808, Catering, call 812-855-1777.

**I have read the house rules and agree to comply with them.** It is understood that I shall be in attendance during the entire function or I will appoint a representative to take my place. I will take full responsibility for the Club rooms being left in the same condition as they were when the function began. I agree to enforce the laws of the State of Indiana pertaining to the serving of alcoholic beverages if we should do so.:

Signed \_\_\_\_\_

Date \_\_\_\_\_

Billing Address: (name) \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_