## LABOR UNIONS STATEMENT OF UNDERSTANDING USE OF UNIVERSITY FACILITIES

Please complete the following information and submit to UCI Student Center & Event Services, Student Center A311.

ORGANIZATION NAME	TO	DAY'S DATE
MAILING/STREET ADDRESS	PH	ONE
CITY	STATE	ZIP
PRINCIPAL OFFICERS:		
"University regulations provide that e (himself/herself or) any organization obligations to the University incurred the undersigned, in making this applic application on behalf of an organizati and authorized by the organization to	shall be held personally re in connection with the us cation, agrees to accept su on, the undersigned certifi	esponsible for delinquent financial e of any University facility, and ch responsibility. In the case of an ies that he/she is an officer thereof
NAME(S) OF PERSON(S) AUTHOR THE ORGANIZATION:	RIZED TO SCHEDULE I	FACILITIES ON BEHALF OF

Rooms may be reserved by completing Room Reservation Form available from the UCI Student Center & Event Services, Student Center (949) 824-5252 for Campus Facilities and from Media Services, UCI Medical Center, Building 33, (714) 456-5740 for Medical Center Facilities.

Revised 9/24/10