



Student Organization Request for Virtual EMS (VEMS) Account

Please print and complete this form, obtain the required signatures, and return it to the Office of Reservation Services located in the Elliott University Center, Suite 221.

Each organization is allowed two (2) representatives that are allowed to submit requests for your organization.

Student Organization: _____

Billing Address: _____

Representative #1:

Name: _____

UNCG Username: _____

UNCG Email Address: _____

Phone Number: _____

Representative #2:

Name: _____

UNCG Username: _____

UNCG Email Address: _____

Phone Number: _____

Approvals:

Student Organization President: _____

Signature: _____

Student Organization Faculty Advisor: _____

Signature: _____

FOR OFFICE USE ONLY: Date Received _____ Date Entered in EMS _____ Initials _____