



BUILDING/ROOM REQUEST COMMUNITY FORM

Name of Organization/Group/Company:

Date Submitted:

#1 Contact Person:

Telephone Number:

E-Mail Address:

#2 Contact Person:

Telephone Number:

E-Mail Address:

Day/Date of Activity:

Times: Start:

End:

Is this a recurring event? Yes ___ No ___

Recurrence Pattern:

WEEKLY ~ RECUR EVERY Select WEEK (S) ON:

___ Sun ___ Mon ___ Tue ___ Wed ___ Thu ___ Fri ___ Sat

MONTHLY ~ RECUR ON:

Day ___ of every ___ month (s)

Type of Event:

Description/Purpose of Activity:

How Many People Expected:

NEEDS: Culinary: Yes ___ No ___ (*fee varies based on menu*)

Suggested Menu:

Room Requested:

Room Setup:

Tables: Yes ___ No ___ Chairs: Yes ___ No ___

Audio: Yes ___ No ___ Video: Yes ___ No ___

Explain audio/video needs:

Comments:

A security deposit/room fee and attendant fee per hour are required and must be paid at least one week prior to the event. If any damages to the facility, equipment and/or properties are incurred during the event, the security deposit will not be refunded. If the event exceeds the scheduled time, the fee will be deducted from the refundable security deposit.

~ FOR OFFICE USE ONLY ~

THIS FORM MUST BE RECEIVED BY SECRETARIAL STAFF 10 BUSINESS DAYS PRIOR TO THE EVENT.

YOU WILL RECEIVE NOTIFICATION OF APPROVAL/DENIAL WITHIN 3 BUSINESS DAYS. Approved: Yes No **Reserved:** Yes No

DEPOSIT OF \$200 PAID **REFUNDED AMOUNT** _____ **ATTENDANTS NEEDED 1** _____ **Assigned By:** Select **Date:** _____

Area/ Room Assigned: Select **Area/ Room Assigned:** Select **Area/ Room Assigned:** Select **Area/ Room Assigned:** Select

Area/ Room Assigned: Select **Area/ Room Assigned:** Select **Area/ Room Assigned:** Select **Area/ Room Assigned:** Select