



BUILDING/ROOM REQUEST INTERNAL FORM

Date Submitted:

Name of Ministry/Group:

#1 Contact Person:

Telephone Number:

E-Mail Address:

#2 Contact Person:

Telephone Number:

E-Mail Address:

Day/Date of Activity:

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 **Suggested Menu:** _____

Room Requested:

Room Setup:

Room Requested:

Room Setup:

Room Requested:

Room Setup:

Room Requested:

Room Setup:

Tables: Yes No

Chairs: Yes No

Audio: Yes No

Video: Yes No

Explain audio/video needs: _____

Comments:

~ FOR OFFICE USE ONLY ~

- THIS FORM MUST BE RECEIVED BY SECRETARIAL STAFF 10 DAYS IN ADVANCE OF EVENT.
- YOU WILL RECEIVE NOTIFICATION OF APPROVAL/DENIAL WITHIN 3 BUSINESS DAYS.

Area/ Room Assigned: Assigned By: Date:
Approved: Yes No Logged-in Book: Yes No

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