



# BUILDING/ROOM REQUEST COMMUNITY FORM

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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:

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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