Facility Use/Space Request Form

Date(s) of Event (mm/dd/yy) _____ Time In _____ Event Start ____ End time _____

Name of Event _____ Approx. Attendance _____

Description & Purpose of Event _____

_____

Name of organization_____ Today's Date _____

Representative _____ Phone _____

Representative Title _____ email _____

Billing Address _____

Business/Corporation: Yes/No _____ Non-Profit Organization: Yes/No_____ Internal Dept. Yes/No _____

Requested Facility:

□ Classroom □ Theatre □ Gymnasium □ Meeting Room □ Lobby □ Outside Area _____

Specific Space Requested: _____

PERSONNEL – fees may apply

Audio/Visual Services □ PA System □ Projector/Screen □ Podium □ Podium w/Mic

Security Personnel Requested: _____

Special Facilities Services (Layout is required. Set up provided)

Custodial Services (required with food)

Tables needed for food service: _____

Food Service – *handled directly by user.*

Set up Time: Date: _____ From _____ To _____

Break down Time: Date: _____ From _____ To _____

_____ _____

Signature – Authorized Contact Person **Date**

Questions or for additional information 856-200-4587 or 4586