

Room Reservation

Name of Group _____

Contact Person _____ Phone _____

Date Needed _____

Time (a.m. or p.m.) Begin _____ End _____

(Programs should not begin before 9:00 a.m. and should not end later than 8:30 p.m. Monday through Thursday; should not begin before 9:00 a.m. and should not end later than 5:30 p.m. on Friday and Saturday) All programs must be finished and clean-up started 30 minutes before closing.

You must submit a current copy of your 501(c) (3) statement before applying for reservation.

Meeting room requested: DLL (30 persons) _____ Meeting Room (200 persons) _____

Estimated Number of Attendees _____

Please check whether you will need these items:	YES	NO
TV/VCR/DVD		
Overhead Projector		
LCD Projector (subject to availability)		
Microphone System		

Groups will need to provide their own markers, chart pads and other supplies. Nothing may be attached to any surface of the room.

I have read & agree to the conditions stated in the meeting room policy.

Signature of person making reservation

Date

STAFF USE ONLY

Cancellation Information

Date Cancelled _____ No show _____ Staff Initials _____

Person Making the Cancellation _____ Telephone _____

\$50.00 refundable deposit received Yes ___ No ___