



# Request for Facility Use

Date of Event: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Event Name: \_\_\_\_\_ Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

No. of guests: \_\_\_\_\_ No. of classroom space needed: \_\_\_\_\_ (each classroom has a max. capacity of 25)

Food Requested: Yes  No  Lunch (includes sandwich platter, choice of two salads, chips, water & coffee)  
Yes  No  Continental Breakfast (includes yogurt, trail mix, bagels, orange juice & coffee)

Budgeted: Yes  No  (refer to the note below)

Equipment/Materials Required

Sign in table: Yes  No  Notes: \_\_\_\_\_

Assistance w/set up: Yes  No  Notes: \_\_\_\_\_  
(It is highly encouraged that organizations arrive 2hrs prior to the event for set up)

Tables/Chairs: Yes  No  No. of tables: \_\_\_\_\_ No. of chairs: \_\_\_\_\_  
Notes: \_\_\_\_\_  
(Indicate if a special seating style/arrangement is needed)

Sound System: Yes  No  Notes: \_\_\_\_\_

Video: Yes  No  Notes: \_\_\_\_\_

Projector: Yes  No  Notes: \_\_\_\_\_

Internet: Yes  No  Notes: \_\_\_\_\_

Special Requests: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If applicable, Send Bill To: \_\_\_\_\_  
Contact First & Last Name

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**\*Notes: In compliance with DOL requirements for apprenticeship programs, classroom space rates will apply if the event/meeting is not "training" specific. Similarly, food costs will also apply.**

Approved: Yes  No