

ROOM REQUEST

Submitted By _____ Date Submitted _____

Ministry/Department _____ Name of Function _____

Date of Meeting _____ Time of Meeting: From _____ To _____

Room(s) Needed _____

Standing Request: Every _____ Until _____

Email _____

Phone # _____

DIAGRAM OF ROOM SET-UP

(Please draw diagram showing location and number of chairs, tables, other special equipment needs, etc.)

Room will not be set-up unless noted below.

Standard set-up check here ()

OTHER SPECIAL EQUIPMENT NEEDS

<input type="checkbox"/>	Marker Board	<input type="checkbox"/>	Extension Cord
<input type="checkbox"/>	Easel	<input type="checkbox"/>	Speaker Stand
<input type="checkbox"/>	Overhead Projector	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	Chalk Board	<input type="checkbox"/>	Other _____

FOR OFFICE USE ONLY

Approved and Scheduled _____ Assigned To _____

Not Approved : Reason(s) _____

Authorized Signature _____ Date Confirmed _____