

Facility Usage Request Form

Event	<u>Event Title</u>		<u>Setup Begin Time:</u>
	<u>Event Description</u>		<u>Event Start Time:</u>
	<u>Location</u>		<u>Event End Time:</u>
	<u>Room(s):</u>		<u>Break Down Time:</u>
	<u>Event Dates</u>		

Contact	<u>Organization Name:</u>		<u>Organization type:</u>
	<u>First Name:</u>	<u>Last Name:</u>	<u>Email:</u>
	<u>Cell Phone:</u>	<u>Alt. Phone</u>	<u>Tax Exempt No:</u>
	<u>Billing Address:</u>		

Set up	<u>Custodial (Yes or No)</u>	<u>Total Number Attending Event</u>
	<u>Food Services (Yes or No)</u>	<u>Number of Adults</u>
	<u>HVAC (Air Conditioning) - Requested Start and End Time</u>	
	<u>Security (Yes or No)</u>	
	<u>How many Tables and Chairs, Room Layout etc...</u>	

Signature:	Date: