Facilities Request Form

Name of organization						Date
Responsible person						
Address						
City				State _	Zi	p
Phone		E	-mail address			
Space requested	· · · · · · · · · · · · · · · · · · ·			Date	e(s) reques	sted
Event starts	Event end	ds	_ Hours requeste	ed		
Type of program	 					
Estimated attendance			Admission fee	\$		
Program is open to:	Reserving G	Group only _	Staff/Facu	Ity Stud	ents	_ Public
Food Services	Yes	No	_ Set	up Services	Yes	No
Custodial Services	Yes	No	_ Dia	gram attached	Yes	No
Electric Services	Yes	No	_ Me	dia Services	Yes	No
Other Maintenance	Yes	No	_ Equ	ipment needed	Yes	No
Security Services	Yes	No	_ Oth	er Services	Yes	No
Other services, mainte	enance, set-	ups or speci	al needs required			
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