

Office Use Only:		
Date Received	___/___/___	Priority ___
Date Entered	___/___/___	

Scheduling Request Form

Please fill out this form with your request for use of facilities during the coming year. It is important that you fill out this information exactly.

Date ___/___/___ **Event Name (optional)** _____

Organization _____

Contact Person _____

Address _____

City/State _____ **Zip/Postal Code** _____

Phone (___) ___ - ___ **Fax** (___) ___ - ___

E-mail _____

What facility do you wish to use? _____

Second choice? _____

What dates do you require? **From:** ___/___/___ **To:** ___/___/___

What time do you need? **Beginning:** _____ (am) (pm) **Ending:** _____ (am) (pm)

Setup: _____ (minutes) **Cleanup:** _____ (minutes)

What frequency? (daily, weekdays, 2nd Tuesday, monthly, etc.) _____

Any exceptions to the frequency? (certain dates, months, etc.) _____

Other Comments (number of tables, chairs, etc.) _____

Please return this to the office as soon as possible. You will be informed if there are any changes to the schedule you requested.

If there are any changes to this request, please contact the office as soon as possible.