



SPACE RESERVATION FORM

IF THERE ARE ADDITIONAL DATES FOR THE SAME EVENT PLEASE COMPLETE SEPARATE FORMS FOR EACH

NAME _____ DEPT _____ EXT _____

TITLE OF EVENT _____ EXPECTED # IN ATTENDANCE _____

WHO WILL ATTEND _____
(Students, Staff, Parents, etc., and please identify any outside agencies)

REQUESTED SPACE

1ST Choice _____

DATE OF EVENT _____

2nd Choice _____

START TIME _____ END TIME _____ SET UP TIME _____

CHAIRS _____ # TABLES _____ PODIUM _____ # MICROPHONE(S) _____

DVD / CD PLAYER _____ SCREEN _____ PROJECTOR _____ LAPTOP _____

SCREEN / PROJECTOR _____ INTERNET ACCESS _____ OTHER _____

DIAGRAM OR SPECIAL INSTRUCTIONS:

Program Administrator Approval _____ SPACE AVAILABLE Yes _____ No _____
(Supervisor, Principal, Assistant Principal)