

**Room Set-Up Request Form**

Request should be submitted seven (7) business days prior to event.

**Submit to: Planning & Implementation Coordinator**

Date Submitted \_\_\_\_\_ Organization Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_


Type of Event \_\_\_\_\_ Date of Event \_\_\_\_\_

Start Time \_\_\_\_\_ End Time \_\_\_\_\_ Prep Time Requested \_\_\_\_\_

**Please DO NOT use this form for Food Services Requests**

**DIAGRAM OF ROOM SET-UP**

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



**Office Use Only**

\_\_\_\_ Approved and Scheduled \_\_\_\_ Denied: Reason \_\_\_\_\_

Management Signature \_\_\_\_\_ Date \_\_\_\_\_