

FACILITIES REQUEST

(Reservation # _____)

(Office use only)

Event Start Time _____ am/ pm

Event End Time _____ am/ pm

Set Up Time _____ am/ pm

Tear Down Time _____ am/ pm

Special Arrangements:

- We do our own set-up
- We will provide a set-up to custodial staff using Facilities Set-up Request form, available from the front office.

Room Requested _____

(Enter name and/or room number)

Beginning Date: _____

Month Day Year

Ending date _____

Month Day Year

Is this a date pattern? YES NO

If YES, please check the appropriate boxes:

Day of week	Check	Occurrence	Check
Monday		1 st week	
Tuesday		2 nd week	
Wednesday		3 rd week	
Thursday		4 th week	
Friday		5 th week	
Saturday		Last Week of Month	
Sunday		Every Other Week	

If it's a recurring event, list any dates you **will not** be meeting (e.g. fourth Thursday of Month except on Thanksgiving – 4th Thursday)

Event Name: _____

Contact Person _____ **Phone** (____) _____

IMPORTANT NOTE: Childcare (6 months to 6 years) must be arranged in advance through the Child Care Coordinator at (408) 739-4267.