



Request for Facility Use

Date of Event: _____ Organization Name: _____

Contact Person: _____ Phone: _____

Number of People: _____

Food Requested: Yes Menu Desired: _____ No

Budgeted: Yes No

Laborers Training School Staff Assistance Required: Yes (No. of Staff): _____ No

Equipment Required

Sign in Table: Yes No Notes: _____

Name Tags Required: Yes No Notes: _____

Set Up Required: Yes No Notes: _____

Stationary Set Up: Yes No Notes: _____

Sound System: Yes No Notes: _____

Video: Yes No Notes: _____

Power Point: Yes No Notes: _____

Lap Top: Yes No Notes: _____

Projector: Yes No Notes: _____

Internet: Yes No Notes: _____

Special Requests: _____

If applicable, Send Bill To: _____

Contact First & Last Name

Address: _____ City: _____ State: _____ Zip: _____

Approved:

Yes

No