



Enlightenment through academic rigor, cultural literacy and compassion.

FACILITY USAGE REQUEST FORM

Name of Event: _____

Room(s) Requested: _____

Event Date: _____

Event Times: _____

Committee/Group Name: _____

Contact Person: _____

Contact Phone: _____

Contact Email: _____

ROOM SET UP (circle set up desired):

U-Shaped ____ Open Square ____ Closed Square ____ Lab ____ Classroom ____ Theater ____

Round Tables ____ Number of Chairs Needed _____

Signature of requestor: _____

Office use only:

Approved: _____ Denied: _____

Administrator Signature: _____