

Date of Event _____

Room Request Form

Contact Person: _____

(h) Phone: _____ (w) Phone: _____

Description of Event: _____

Date and Day of Event: _____

Time of Event: _____ Number of People: _____

Room(s) Reserved: _____

Accessories Needed in the Room (check which ones are needed)

- | | | |
|---|--|---------------------------------|
| <input type="checkbox"/> Coffee | <input type="checkbox"/> Easel/Newsprint/Markers | <input type="checkbox"/> Podium |
| <input type="checkbox"/> Name tags/Pens | <input type="checkbox"/> Overhead Projector/Large Screen | <input type="checkbox"/> TV/VCR |

Use the space below to diagram how you would like the room (chairs, tables etc.) to be arranged. Call 952-920-0595 if you have any further questions or needs.

Instructions:

For Office Use Only

Room Use Fee \$ _____ Fee Paid to the Office _____
 Temporary Key Assigned _____ Key Returned to the Office _____

Caterer Needed? Contact Laura Dickinson, 612-377-8250