

Office Use Only:		
Date Received	___/___/___	Priority _____
Date Entered	___/___/___	

Scheduling Request Form

Today's Date ___/___/___

Organization _____

Contact Person _____

Address _____

City/State _____ **Zip/Postal Code** _____

Phone (____) _____ - _____ **Cell** (____) _____ - _____

E-mail _____

Date of the Event ___/___/___ **Event Name** _____

Room (s) requested: _____ **Second choice?** _____

What dates do you require (for recurring events)? From: ___/___/___ **to:** ___/___/___

What time do you need? Beginning: _____ (am) (pm) **Ending:** _____ (am)(pm)

Setup: _____ (minutes) **Cleanup:** _____ (minutes)

What frequency? (daily, weekdays, 2nd Tuesday, monthly, etc.) _____

Any exceptions to the frequency? (certain dates, months, etc.) _____

Number expected: _____ **Nursery:** Yes No

Set -up: A **Rounds (12 - 16)** _____

Set-up: B **Audience Style (special events)** _____

Set-up C: **Conference Table (20)** _____

(All set up drawings need to be submitted a week prior to event)

Arrangement and set up explanation: _____

Date approved: _____ **by:** _____

Confirmation sent by e-mail/phone: _____ **Copy to Nursery:** _____