

Meeting Room Reservation

Please Print Legibly

Person Responsible: _____ Phone: _____

Group: _____

Date: _____ Time: _____

Type of Use: _____

Number of Tables/Chairs Needed: _____

Will food or beverages be served? ☐ Yes ☐ No

Equipment Available:

☐ Microphone & speaker

☐ Projection screen

☐ Digital projector

Place an X next to equipment to be reserved.

Signature _____