



FACILITY RESERVATION REQUEST

(NEW, CHANGE, CANCELLATION)

(Form submitted to scheduling office for each facility space reserved)

Form CR-14

pg. 1 of 1

RESERVATION No. _____

New Request

Change Request

Cancellation Request

DATE OF EVENT: _____ EVENT START TIME: _____ EVENT END TIME: _____

BUILDING: _____ ROOM: _____ SET UP COUNT: _____

EVENT NAME: _____

CONTACT: _____ MEMBERSHIP No.: _____

PHONE: _____ EMAIL: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SPECIAL REQUIREMENTS: (write any equipment/setup needs for your event)

SIGNATURE: _____

Is your event catered? (caterer name & phone no.) _____

Will you have entertainment?

Will you be selling/serving alcohol?

Are you charging an admission fee?

FOR OFFICIAL USE ONLY

STATUS: 180-Day Hold _____ (date to confirm) _____ (date canceled)

NOTES: _____

(event coordinator signature)

(date entered)

Revised

10-1-20