# FACILITY RESERVATION REQUEST

**(NEW, CHANGE, CANCELLATION)**

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

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**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
9-30-26 KH