

**Office Use Only:**  
Date Received \_\_\_/\_\_\_/\_\_\_ Priority \_\_\_\_\_  
Date Entered \_\_\_/\_\_\_/\_\_\_

## Scheduling Request Form

Please fill out this form with your request for use of facilities during the coming year. It is important that you fill out this information exactly.

Date \_\_\_/\_\_\_/\_\_\_ Event Name (optional) \_\_\_\_\_

Organization \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail \_\_\_\_\_

What facility do you wish to use? \_\_\_\_\_

Second choice? \_\_\_\_\_

What dates do you require? 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.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Comments (number of tables, chairs, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please return this form to the office as soon as possible. You will be informed if there are any changes to the schedule you requested. Within two weeks you should receive a schedule of the events for your organization. If there are any changes to this request, please contact the office as soon as possible.