



FACILITIES USE APPLICATION

Name of Organization _____

Building/Room Requested _____

Date Requested _____

Starting/End Times _____

Purpose/Type of Activity _____

Expected Number in Attendance _____

Please make a sketch below of the desired room arrangement and/or indicate items that will be needed. If none are needed, please indicate that on this form, by checking "none." All activities must finish by _____ AM/PM.

Microphone _____

Movie Screen _____

Lectern _____

Admin Tech Cart w/Speakers* _____

Speaker's Table _____

*Networking required _____

Other (be specific) _____

None _____

It may be necessary to cancel or move the date of your event.

Requestor's Signature Date

Approved Date