Office Use Only:		
Date Received	___/___/____	Priority _____
Date Entered	___/___/____	

Scheduling Request Form

Today's Date ____/___/_____

Organization _____

Contact Person _____

Address _____

City/State _____ **Zip/Postal Code** _____

Phone (_____) _____ - _____ **Cell** (_____) _____ - _____

E-mail _____

Date of the Event ___/___/_____ **Event Name**_____

Room (s) requested: _____ **Second choice?** _____

What dates do you require (for recurring events)? 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.) _____

Number expected: _____ **Nursery: Yes No**

Set -up: A Rounds (12 - 16) _____

Set-up: B Audience Style (special events) _____

Set-up C: Conference Table (20) _____

(All set up drawings need to be submitted a week prior to event)

Arrangement and set up explanation:_____

_____

_____

Date approved: _____ **by:** _____

Confirmation sent by e-mail/phone: _____ **Copy to Nursery:**_____