

# ST ANN ROOM & SET UP REQUEST

To ensure that our facilities and equipment are maintained to their fullest, please use the following forms to reserve a room

N  
W     E  
S

Today's Date \_\_\_\_\_

Date of Event: \_\_\_\_\_

Anticipated set up Time: \_\_\_\_\_

Beginning/Ending Time for Event \_\_\_\_\_ / \_\_\_\_\_

Anticipated clean up Time: \_\_\_\_\_

Organization/Activity \_\_\_\_\_

Room requested \_\_\_\_\_

## Other:

\*Wireless mic?     Handheld \_\_\_\_\_     or     Lapel \_\_\_\_\_

\*Ability to play     DVD \_\_\_\_\_     or     Lap Top \_\_\_\_\_

## (SAC Only)

\*These must be reserved in advance. If not reserved in advance there will be no access to them. (Must check out in office)

Number of people attending \_\_\_\_\_

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

Phone Number \_\_\_\_\_

Cell Number \_\_\_\_\_

Remarks \_\_\_\_\_  
\_\_\_\_\_

Person making request and phone number \_\_\_\_\_

Maintenance Signature and Date \_\_\_\_\_

copy to requestor, copy to maintenance, original copy to office