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## CONFERENCE ROOM RESERVATION FORM

August 27, 2019

Reason for Meeting: \_\_\_\_\_

Name of Person in Charge: \_\_\_\_\_

Date of Meeting: \_\_\_\_\_

Facilities Requested Starting Time Terminating Time: \_\_\_\_\_

Equipment Needed (Tables, chairs, etc.): \_\_\_\_\_

Approximate Number of People Who Are to Attend: \_\_\_\_\_

Budget # \_\_\_\_\_ (Reservations cannot be made without a budget number given)

Room # - circle one:      102    (seats up to 16)      224    (seats up to 60)

Signature: \_\_\_\_\_

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The applicant agrees to be responsible for the preservation of order and to make restitution for any damage to or loss of school property resulting from the use of the building.