Multicultural Center Reservation Form

Name of Organization: _____

Date of Meeting: _____ Start Time:_____ End Time:_____

Room Needed (circle one): Living Room Fireplace room Upstairs

Physical Plant Set Up?: YES NO

If yes, please list needs such as additional chairs, tables, ect.)

_____

_____

_____

Organizational Contact Person:

Name:_____

Position:_____

Phone Number: _____

Email: _____

Additional Set Meetings for Organization? YES NO

If yes, please list dates and times:

Date: _____ Time:_____

Date:_____ Time:_____

Date:_____ Time:_____

Date:_____ Time:_____

FOR OFFICE USE ONLY. PLEASE DO NOT WRITE IN THIS BOX

Date Received:_____ Approved? YES NO

Date Approved:_____ Approval Signature:_____