



## FACILITY RESERVATION REQUEST

### CONTACT PERSON INFORMATION

Name:

E-mail:

Phone:

Cell Phone:

Address:

### GENERAL EVENT INFORMATION

Event Name:

Event Purpose:

Event Date:

Day of the Week:

Room(s) Requested:

Set-up & Clean-Up Time: \_\_\_\_\_ to \_\_\_\_\_

Event Time: \_\_\_\_\_ to \_\_\_\_\_

Organization:

### SET-UP REQUESTS

*Any changes to set-up requests must be made within 72 hours of event start time*

Please give the number of items needed:

Chairs:

Round Tables(Seat 6-8):

TV/DVD:

Long Tables (8'):

General Set-up notes:

### AV REQUESTS

Are you requesting the use of any AV Equipment? Yes ☐ No ☐

If yes, please describe your needs:

### SIGNATURES

I understand that this request represents my wish to use the Fairhaven Facility. I understand that if I have not submitted the set-up information 72 hours in advance my event is subject to cancellation.

Signature of applicant:

Date:

Event Coordinator Signature:

Date:

### OFFICE USE ONLY

Request Approved: YES ☐ NO ☐

Approval Signature:

If no, please explain:

Room Reserved: ☐

Set-Up Information Received: ☐

Payment Received (i/a):

### PAYMENT

Fee Classification:

Settled ☐

Signature: