FACILITIES REQUEST 2010-2011

Club Name: _____

Sponsor(s): _____

What date will your club start meeting in 2010:_____
What date will your club stop meeting in 2011:_____

Meeting Information

Day of the week: _____

DATE(S) of meetings:_____

_____

_____

(List each specific date if not meeting every week)

Meeting Start Time: _____

Meeting End Time: _____

ROOM PREFERENCE: ☐ **Classroom – Room Number** _____

☐ **Double Classroom - Room Number** _____

☐ **Multi-Purpose Room** ☐ **Theater** ☐ **Cafeteria**

Building Preference: ☐ **East** ☐ **West**

Attendance: _____

Set-up needs: **Tables** _____

Chairs _____ **Open Room** ☐

Equipment needs: AV:_____

_____

Special Instructions: _____

_____