

## **Room and Table/Chairs Reservation**

Name of the Event			
Event Date:	Number of Attendees		Event Time
Setup Time	Start Time		End Time
Contact person	Phone number	Email	
Number of Tables, Chairs, ed	ct, Needed		
Are special parking arrange	ments needed? (If so, please indicate		
Refreshments			
Is food to be served? Yes	s □ No □		
Comments			

## PLEASE NOTE:

Request for space must be submitted 72 hours prior to your scheduled event. Request for food must be submitted seven business days prior to your event. Completion of this form does not guarantee approval for space. A representative from the Facilities Department will contact you regarding the status of your request within 24 hours of time request was received.

## To Submit Form:

- Save this completed form to your computer,
- Email completed form to: Jo.Alridge@tmslaw.tsu.edu