

## **Room Reservation**

Name of the Event					
Event Date:	N	umber of Attendees		Event Time	
Setup Time		Start Time		End Time	
Contact person		Phone number	Email		
Number of Tables, Chair	rs, ect, Neede	ed			
Are special parking arra	ngements ne	eeded? (If so, please indicat	e		
Refreshments					
Is food to be served?	Yes □	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