



PLEASE DRAW ANY DETAILED DIAGRAMS on BACK or ATTACH SEPARATE SHEET.

ROOM RESERVATION/WORK ORDER

(When reservation is requested, work order details need to be submitted.)

Contact Name and Ministry:

Event Name: _____

Contact Cell: _____

Request Date: _____ (provide all dates if recurring event)

Event Date(s): _____

Room requested: _____ Time set-up needed: _____

Special Requests: Please specify below: items & quantity needed, and Yes or No for each item

Round Tables _____ Rectangular Tables _____ Chairs _____

Podium _____ TV(s)-DVD player _____

Microphone _____ (check out required w/ facilities director)

Kitchen Needed _____ (paper products & plastic ware not supplied by St. Jude)

Pantry Access Needed _____ Coffee Supplies Needed _____

(please check out the key from the front office for access to the pantry and/or coffee supplies)

Event starts: _____ AM _____ PM Event Ends: _____ AM _____ PM

Include set-up and clean-up time.

All garbage cans MUST be emptied to dumpster.

I accept responsibility for leaving meeting space as I found it. _____ (initial)

OFFICE USE ONLY

Set-up by: _____ Check out by: _____

Date: _____ Approved by: _____

