

COMMUNITY RESOURCES ROOM REQUEST FORM

	Date Submitted:
Date of Event: Start Time:	
Contact Name:Apartment:	Telephone:E-Mail Address:
Function Name/Description:	Room Type/Name of Room Requested:
	To Request The Gallery, Conference Center or CTS 216 you MUST call Catering at 443-297-3250.
Event Re-Occurrence:	Specific Set-Up Requested: Y
	Please Specify Requirements Below
Furniture: ** Please note that there is a fee for any color other than white. Arm Chair(s) #	ROOM SET UP TYPE: Classroom Style Classroom Style U Shape (Select One) Square/Rectangle Theater Style Theater Style Other (Please Describe) Security: Security Supervisors, Gatehouse ext. 601-8806 Gatehouse Visitors: # Arrival Time: Arrival Time: Spaces Needed: # Location: Extra EMT/ Security Officer Needed: # At Event Mobile At Event Mobile Please give at least 2 weeks' notice for set-up requests