

## **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
	<b>Please Specify Requirements Below</b>
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