



# EVENT RESERVATION FORM

OAC Facility

Today's Date: \_\_\_ / \_\_\_ / \_\_\_

For Office  
Use Only:

ORIGINAL REQUEST

REVISION

Viewed: \_\_\_\_\_

Viewed: \_\_\_\_\_

EMS: \_\_\_\_\_

EMS: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Event Name: \_\_\_\_\_

Event Date(s): \_\_\_\_\_

Time of Event: \_\_\_\_\_ to \_\_\_\_\_ Time of Room Reservation: \_\_\_\_\_ to \_\_\_\_\_

(Block of time around event to include set-up & tear-down)

Approx # of People Attending: \_\_\_\_\_

Description of Event: \_\_\_\_\_

Requested by: \_\_\_\_\_ Department: \_\_\_\_\_

Phone: \_\_\_\_\_ Second Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Event Location Details

ONSITE

Charge

Charge

Charge

Charge

Room(s):

Full Court \_\_\_\_\_

East Court \_\_\_\_\_

West Court \_\_\_\_\_

Kitchen

Minimal Use \_\_\_\_\_

Full Use \_\_\_\_\_

Dining Room \_\_\_\_\_

Rm 407 \_\_\_\_\_

Rm 408 \_\_\_\_\_

Rm 414 \_\_\_\_\_

Rm 415 \_\_\_\_\_

Rm 422 \_\_\_\_\_

Rm 423 \_\_\_\_\_

Rm 425 \_\_\_\_\_

Theater Rm \_\_\_\_\_

Set-up Requests

Tables Round \_\_\_\_\_ 8 Foot \_\_\_\_\_

Chairs Folding \_\_\_\_\_ Stationary \_\_\_\_\_

Additional requests: \_\_\_\_\_

Total Reservation Fees:

Child \_\_\_\_\_

Child \_\_\_\_\_

Table Clothes: \_\_\_\_\_

Set Up Charge: \_\_\_\_\_

Sound/AV Equipment Requested?  Yes  No

Approval: \_\_\_\_\_

Fee: \_\_\_\_\_

(Only available in Gym, Dining Rm & Theatre Rm)

(Requires Communications/IT approval & signature)

Childcare Requested?  Yes  No

Approval: \_\_\_\_\_

(Requires Childcare department approval & signature)

Unlock Doors: \_\_\_\_\_

Lock Doors: \_\_\_\_\_

Outside Group Reservation (non-staff initiated)?  Yes  No

Name of Outside Group: \_\_\_\_\_

Address of Outside Group: \_\_\_\_\_

Contact Person/Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

OAC Approval: \_\_\_\_\_

OFFSITE

Location/Address: \_\_\_\_\_

Fee: \_\_\_\_\_

Office Use Only

Cleaning Deposit: \_\_\_\_\_

Returned: \_\_\_\_\_

Total Fees: \_\_\_\_\_

# of Site Supervisors Needed: \_\_\_\_\_

Name(s) of Site Supervisor: \_\_\_\_\_

Approved OAC Director \_\_\_\_\_

Date: \_\_\_\_\_