

# Wasatch COUNTY SCHOOL DISTRICT

## Meeting Room Request Form

**\*Completion of this form does not insure room availability or event approval.**

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

Requesting Contact Person: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Fax / email: \_\_\_\_\_

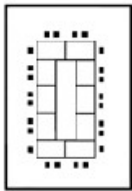
Room Requested: Board Rm      Rm A      Rm B      Conference Rm      3<sup>rd</sup> Flr Rm

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

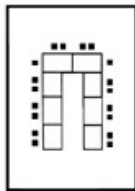
Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Number of participants: \_\_\_\_\_

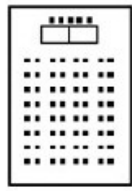
**Room Arrangement: (mark one)**



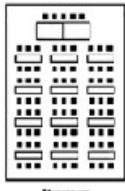
Conference Block U



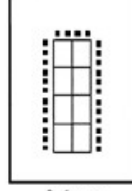
Conference U



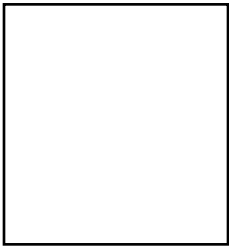
Theater



Classroom



Conference



Custom

**Audio/Visual needs:**

- |                 |                     |       |
|-----------------|---------------------|-------|
| Laptops         | Projector           |       |
| Sound System    | Extension Cords     |       |
| Microphone      | DVD Player          |       |
| Polycom         | Other               | _____ |
| Document Camera | Assistance w/ Equip |       |

**Refreshments/Meals** Yes      No      Caterer: \_\_\_\_\_

*(Group is responsible for own food. This information is used for room arrangement only.)*

**Drinks provided by District**

	Water	Soda
<b>Requested</b>		
<b>Returned</b>		
<b>Used</b>		

Approval:      Approved      Denied

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