



Space/Room Booking Request Form - ORILLIA

**** PLEASE BOOK 2 WEEKS IN ADVANCE TO ALLOW FOR PROCESSING ****

Today's Date: (mm/dd/yy)

Room/Space that you are requesting:

What day do you need the room/space?
(mm/dd/yy)

What time do you need the room/space?
(0:00am/pm - 0:00am/pm)

Description of Event:

Equipment Requested:

Tables
How many? _____

Chairs
How many? _____

Podium

Audio/Visual Equipment Requested:

Data Projector

Portable Projection Screen

Public Address System w/ Microphone How many mics? _____

Other _____

A fee does apply if an outside vendor is participating in your event and requires audio/visual equipment.

Contact Information:

Club Name:

Your Name:

Your Phone #:

Your Email:

FOR OFFICE USE ONLY

Scheduling emailed on: _____

Conference Services emailed on: _____

Work Orders emailed on: _____

Audio/Visual emailed on: _____