



Fredericksburg Campus
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Facility Reservation Form

Today's Date: _____ Rec'd by: _____

Event Date: _____ Time In: _____ Time Out: _____

Contact: _____

Organization: _____ Profit ____ Non-Profit ____

Billing Address: _____

Telephone: _____ Cell: _____ Other: _____

Fax: _____ E-Mail: _____

Description of Event: _____

Number of Attendees: _____

Seating Arrangement: __Classroom __ Theater __Banquet __ Other

Will you be serving Alcohol? __ No __ Yes (If "yes", an ABC License is required)

Audio/Visual Needs:

- Projector, DVD/VHS, Projection Screen, Wireless Mics, Lapel Mics, Computer Lab, Flips Charts, White Board, Technical Assistance

Special Needs: _____

Requestor's Signature: _____

PLEASE SIGN AND RETURN THIS FORM BY FAX OR MAIL TO THE CAMPUS DESIRED.

FOR OFFICE USE ONLY:

Room Fee(s): \$ _____
A/V Fee(s): \$ _____
Cleaning Fee(s) \$ _____
Rec'd by: _____
Date: _____