



# Application for Room Reservation

The Bank Street College of Education

To: Room Reservation Desk

From: \_\_\_\_\_

Ext: \_\_\_\_\_

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

Please submit completed form to the Room Reservation Desk 10 days prior to the date of function.

Name of event or function: \_\_\_\_\_

Date of function	Times of function	Number attending	Space requested	Space assigned
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Room arrangement you would like for this event:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Audio/visual equipment required:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Office Use Only:

- Room reservation confirmed
- Room reservation not confirmed

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

- Copy for requestor
- Copy for help desk
- Copy for facilities
- Copy for file