

# Room Scheduling Checklist

Requestor: \_\_\_\_\_ Request Date: \_\_\_\_\_ Date needed: \_\_\_\_\_

Hours of Use: \_\_\_\_\_ Size of Group: \_\_\_\_\_

Contact number: \_\_\_\_\_ email: \_\_\_\_\_

Building: \_\_\_\_\_ Room Number(s): \_\_\_\_\_

Maintenance set up \_\_\_\_\_ work order number \_\_\_\_\_

Number tables \_\_\_\_\_ round \_\_\_\_\_ rectangular \_\_\_\_\_

Number chairs \_\_\_\_\_ Heating/cooling needs? \_\_\_\_\_

Other items needed:

IT requests (ITV, laptop, computer, etc.)

Access (keys/key card) requested \_\_\_\_\_ Posted to events calendar on \_\_\_\_\_

Food service needed? **Requestor must contact Jeannine Hoefft 541-278-5946**

Alcoholic beverages at event? **Requestor must contact Tammie Parker 541-278-5951**

Deposit required? \_\_\_\_\_

Provide Room map to requestor & remind them room(s) need to be returned to original set up if furniture is moved around for their event / meeting. Also remind them to close / lock doors!

Comments: