

## After Hours Room Request Form

Requester Name: \_\_\_\_\_

Purpose of Activity: \_\_\_\_\_

Contact Numbers - Office: \_\_\_\_\_ Cell: \_\_\_\_\_

Building: ☐ TTC ☐ Groves Center

☐ AWH ☐ CNM ☐ KVM ☐ Culinary/Allied ☐ Food Innovation

Date(s) needed: \_\_\_\_\_

Beginning: \_\_\_\_\_ ☐ A.M. ☐ P.M.

Ending: \_\_\_\_\_ ☐ A.M. ☐ P.M.

(include time for set up and early access)

Room(s) number(s) and other area(s) (cafeteria, hallways, etc.):

\_\_\_\_\_

Number of attendees: \_\_\_\_\_

Will food be served? ☐ No ☐ Yes

Set up required? ☐ No ☐ Yes

Cabinet approval date: \_\_\_\_\_

Special request:

**D`YUgY`gYbX`Wta d`YhYX`Z`fa `hc`GdYWU`9 j YbHg`7 ccfX]bUhc`f"**

Note: Upon review of request and confirmation of availability in Astra, the Special Events Coordinator will forward your request to cabinet for determination.