## Special Events Room Request Form

Date of Request	Department
Select all that apply:	
Name of event	
Type of event	Number of Participants
Date(s)	Time(s)
Is set up/clean up required	Specific Room Requested
Bldg/Room	
CIV connect location	SBC Name
Contact Name	Contact Phone
Contact Email	
Other Contacts or attending party	
Additional Comments/Requests	