

RECEIVED

Date: _____
By: _____

MIAMI DADE COLLEGE ROOM RESERVATION REQUEST FORM

Karen Baltodano

Phone: 305-237-7410/Fax: 305-237-7577

All reservations must be confirmed prior to filling out this form. Return this form to room 1510.

REQUESTOR INFORMATION

Requestor Name: _____ Date of Request: _____

MDC Department: _____ Campus: _____

Requestor Email: _____

Department Head: _____ Phone: _____

EVENT INFORMATION

List ALL parties involved in this event: (Organizations, Clubs, Agencies, Departments, etc.)

Day(s)/Date(s) of Event: _____

Room(s) Requested: _____

Name of Event: _____

Nature of Event: (Meetings, conference, play, etc.) _____

Actual Time of Event: _____ Estimated End Time: _____

Parties Involved: _____

How many participants are expected to attend? _____

In this MDC Event? YES NO

Will MDC be partnering with another organization? YES NO

Will MDC Employees attend this event? YES NO

Will Community members attend this event? YES NO

Will there be a fee for attending this event? YES NO

Will food/beverages be served: YES NO

REQUIRED SIGNATURES

Requestor: _____ Date: _____
Signature

Supervisor: _____ Date: _____
Signature

Administrative Dean: _____ Date: _____
Signature

Please note the following:

- Alcoholic beverages **MAY NOT** be served on any MDC Campus
- Requests for Set-Up, Audiovisual and Security are to be handled by the requestor and not by the Dean of Administration's Office
- MDC reserves the right to cancel or change reservations for emergency purposes
- It is the requestor's responsibility to inform the Dean of Administrative Services of any changes or cancellations