

RECEIVED

Date: _____
By: _____

MIAMI DADE COLLEGE ROOM RESERVATION REQUEST FORM

Phone: 305-237-7410/Fax: 305-237-3645

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 <input type="checkbox"/>	NO <input type="checkbox"/>
Will MDC be partnering with another organization?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will MDC Employees attend this event?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will Community members attend this event?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will there be a fee for attending this event?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will food/beverages be served:	YES <input type="checkbox"/>	NO <input type="checkbox"/>

REQUIRED SIGNATURES

Requestor: _____ Date: _____
Signature

Supervisor: _____ Date: _____
Signature

Senior Director of
Campus Administration: _____ 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 requester and not by the QHeg of Campus Administration
- MDC reserves the right to cancel or change reservations for emergency purposes
- It is the requestor's responsibility to inform the Office of Campus Administration of any changes or cancellations