MEETING ROOM RESERVATION FORM

Date of meeting: ____________________

Name of organization / group: ____________________  Estimated attendance: __________

Time room(s) are needed: _______ until _______  Time meeting begins _______ and ends _______

Contact person: ____________________  Contact person phone number: ____________________

Contact person email: ____________________

Purpose of Meeting: ____________________

ROOM(S) REQUESTED:

<table>
<thead>
<tr>
<th>Check</th>
<th>NAME OF ROOM</th>
<th>Seating Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑</td>
<td>Meeting Room A</td>
<td>66</td>
</tr>
<tr>
<td></td>
<td>Meeting Room B</td>
<td>58</td>
</tr>
<tr>
<td></td>
<td>Classroom</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>Project Room</td>
<td>28</td>
</tr>
<tr>
<td></td>
<td>Multi-Purpose Room</td>
<td>35</td>
</tr>
<tr>
<td></td>
<td>Conference Room</td>
<td>(NO food or drink allowed in this room)</td>
</tr>
</tbody>
</table>

ROOM(S) SET-UP:

Afternoon, evening, and weekend groups may have to set-up their room(s).

☐ CLASSROOM STYLE: (tables are parallel to front wall)

☐ 3 chairs per table on one side

☐ 2 chairs per table on one side

☐ THEATER STYLE: (ALL chairs — NO tables)

☐ BANQUET STYLE: (tables are perpendicular to front wall)

☐ 3 chairs per table on both sides

☐ 2 chairs per table on both sides

☐ SQUARE STYLE: (Chairs will be on outer side of table)

☐ U-SHAPE STYLE: (Chairs will be on outer side of table)

POSITION OF ROOM DIVIDER:  ☐ OPEN  ☐ CLOSED

Additional Comments: ____________________

I have read the policy regarding use of the Extension facilities and equipment and agree to adhere to the policy statement. In addition, I understand the Clark County Extension Council/District Board is not responsible for accidents, injury, illness, or loss of group or individual property. I also understand that the Clark County Cooperative Extension Service System is organized to provide all members of the county the opportunity to participate in educational programs enabling them to more effectively contribute to the well being of their families and community. All extension programs are open to all persons irrespective of race, color, national origin, sex religion, age and disability.

Contact Person’s Signature: ____________________

Date: ____________________