

For office use only:

☐

Approved

☐

Denied

☐

Group Notified

Date notified: _____

Clark County Cooperative Extension Education Center

MEETING ROOM RESERVATION FORM

Return completed form to: Clark County Extension Service • 1400 Fortune Drive • Winchester, KY 40391-8292
859-744-4682 (office) — 859-744-4698 (fax) Email: clark.ext@uky.edu

*(Complete entire form)**** * * ALL REQUESTS WILL BE REVIEWED BEFORE APPROVAL * * ***

Date of meeting: _____ Name of organization/group: _____

Title of meeting: _____ Estimated attendance: _____

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

Contact person: _____ Contact person phone number: _____

Contact person email: _____

Description of meeting: _____

Room(s) Requested:

Check ✓	NAME OF ROOM	Seating Capacity
<input type="checkbox"/>	Meeting Room A	66
<input type="checkbox"/>	Meeting Room B	58
<input type="checkbox"/>	Classroom	24
<input type="checkbox"/>	Project Room	28
<input type="checkbox"/>	Multi-Purpose Room (Kitchen)	35
<input type="checkbox"/>	Conference Room (NO food or drink allowed in this room)	
<input type="checkbox"/>	ANNEX BUILDING	

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 wellbeing of their families and community. Educational programs of Kentucky Cooperative Extension serve all people regardless of economic or social status and will not discriminate on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, gender identity, gender expression, pregnancy, marital status, genetic information, age, veteran status, or physical or mental disability.

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**Use of Audio Visual:**☐ Projector☐ Computer☐ Microphones**Additional Comments:** _____

Contact Person's Signature: _____

Date: _____