

HWC Room Reservation Form

Today's Date: _____		Reservation Placed By: _____	
Event Name: _____			
Department Name: _____			
Offsite Event: <input type="radio"/> Yes <input type="radio"/> No		Offsite Location: _____	
Publicize this Event? <input type="radio"/> Yes <input type="radio"/> No If so, how? <input type="radio"/> Main Calendar <input type="radio"/> Website (description necessary) <input type="radio"/> Bulletin			
Web Description: (Web description of event must be short (6-10 words) and include contact information.) _____ _____ _____			
For more information contact; 309. _____ - _____ or _____ @heritageqc.com			
Number Attending: _____			
Date of Event: _____		Is this a recurring event? <input type="radio"/> Yes <input type="radio"/> No	Final date of recurrence? _____
Actual Event Time: Start: _____ End: _____		Actual Time Reserved: Start: _____ End: _____	
Room Preference			
<input type="checkbox"/> (Sanctuary) <input type="checkbox"/> 101 (Gym) <input type="checkbox"/> 102 (Vida Nueva) <input type="checkbox"/> 104 <input type="checkbox"/> 121 <input type="checkbox"/> 122 <input type="checkbox"/> 124 <input type="checkbox"/> 125 <input type="checkbox"/> 126 <input type="checkbox"/> 130 (Student Center) <input type="checkbox"/> 210 (Fellowship Hall) <input type="checkbox"/> 204 Kitchenette <input type="checkbox"/> 221	<input type="checkbox"/> 223 <input type="checkbox"/> 224 <input type="checkbox"/> 225 (Spin City 45) <input type="checkbox"/> 226 <input type="checkbox"/> 227 (Afterburner shack) <input type="checkbox"/> 228 <input type="checkbox"/> DC1 (128@rounds w/Tech.) <input type="checkbox"/> DC2 (72@rounds w/Tech.) <input type="checkbox"/> DC3 (36 @tables) <input type="checkbox"/> DC4 (24@tables) <input type="checkbox"/> DC5 (TLC ONLY) <input type="checkbox"/> DC6 (TLC ONLY)	<input type="checkbox"/> 305 Annex Kitchen <input type="checkbox"/> 2 nd Floor Landing <input type="checkbox"/> Hub <input type="checkbox"/> Main Lobby <input type="checkbox"/> Parking Lot <input type="checkbox"/> Pool <input type="checkbox"/> Sand Volleyball Court <input type="checkbox"/> Fire pit <input type="checkbox"/> _____	

Turn over for additional information ↪ ↪ ↪

No Special Set-Up (However the room is normally set up is fine for this event)

Room Set-Up Style: (Please roughly sketch layout in space below.)

- Theatre
- Round tables w/ 8 chairs
- Round tables w/ 6 chairs
- Long tables w/ chairs

Rough Sketch of Room Layout w/ Special Instructions:

Equipment Needed:

- | | |
|---|--|
| <input type="checkbox"/> Chairs # _____ | <input type="checkbox"/> Music Stand |
| <input type="checkbox"/> Long Tables # _____ | <input type="checkbox"/> Shuttle Bus |
| <input type="checkbox"/> Round tables # _____ | <input type="checkbox"/> White Board/Easel |
| <input type="checkbox"/> Table Cloths | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Ministry Table # _____ | |
| <input type="checkbox"/> Short Square Table # _____ | |

Tableware:

- | | |
|---|---|
| <input type="checkbox"/> Knives # _____ | <input type="checkbox"/> Forks # _____ |
| <input type="checkbox"/> Spoons # _____ | <input type="checkbox"/> Paper Plates # _____ |
| <input type="checkbox"/> Cups # _____ | <input type="checkbox"/> Table Cloths |
| <input type="checkbox"/> Napkins | |

Technical Needs:

- | | |
|---|---|
| <input type="checkbox"/> Camera Person | <input type="checkbox"/> VCR-Quantity: _____ |
| <input type="checkbox"/> Sound Person | <input type="checkbox"/> Overhead Projector |
| <input type="checkbox"/> Light Person | <input type="checkbox"/> RGB Projector |
| <input type="checkbox"/> Video Switcher | <input type="checkbox"/> Lapel Microphone |
| <input type="checkbox"/> DVD Player Quantity: _____ | <input type="checkbox"/> Hand held Microphone |
| <input type="checkbox"/> TV-Quantity: _____ | <input type="checkbox"/> Other _____ |

For Bldg & Grounds Use Only:

Approved: _____ Date: _____ Change approved by: _____ Date: _____