



ROOM RESERVATION FORM

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Day & Date: _____ **Time:** _____ am/pm to _____ am/pm

Group/Organization: _____

Topic: _____

Contact Person /Presenter's Name: _____

Program/Meeting Description: _____

Mailing Address: _____

Telephone: _____ **Fax:** _____ **E-Mail:** _____

Room Set-Up:

- Hollow Square tables
- Classroom with tables
- Theater chairs facing forward
- Circle of Chairs
- U of Chairs
- Open Space
- Other _____

Equipment:

- Easel/White Board
- TV
- VCR/DVD Player
- CD/Cassette Player
- Slide Projector & Screen
- Overhead
- Other _____

Open to public? Yes No

Number expected (If known): _____

Other Notes: _____

TO BE COMPLETED BY TUTU'S HOUSE PROGRAM LEADER LORRAINE URBIC

Date: _____ Confirmed by (initials): _____