

## ROOM REQUEST FORM USE OF CAMPUS FACILITIES

CAMPUS:	MISSION DEL PASO TRANSMOUNTAIN	VALLE VERDE	RIO GRANDE	
ORGANIZATION:		DATE SUBMITTED:		
CONTACT PERSON:		PHONE NUMBER:		
ADDRESS:				
TYPE OF MEETING:		ROOM PREFERENCE:		
DATE OF MEETING:		DAY:		
MEETING WILL BEGIN AT:		END AT:	END AT:	
NO. OF PEOPLE EXPECTED:				
SEATING ARRANGEMENTS:				
(NOTE: TO OBTAIN MAINTENANCE SERVICES, CONTACT THAT OFFICE. 48 HOURS NOTICE REQUIRED).				
MEAL ARRANGEMENTS: YES NO (NOTE: TO OBTAIN MEAL ARRANGEMENTS, CONTACT THE OFFICE OF AUXILIARY SERVICES. 72 HOURS NOTICE REQUIRED)				
MEDIA SERVICES: YES NO (NOTE: TO OBTAIN MEDIA OR AUDIO/VISUAL SERVICES, CONTACT THE MEDIA CENTER AT THE APPROPRIATE CAMPUS. TWO WEEKS NOTICE REQUIRED).				
SECURITY ARRA TYPE:	NGEMENTS: YES	NO		
FOR OFFICE USE:				
ROOM USAGE F	FEE: YES NO	\$		
ORIGINAL-REQUESTOR 1ST COPY-STUDENT SERVICES 2ND COPY-MAINTENANCE 3RD COPY-DEPT. PUBLIC SAFETY			DATE:	
		APPROVED: STUDENT SERVICES COORDINATOR		