

**ROXBURY COMMUNITY COLLEGE**  
**INTERNAL ROOM REQUEST FORM**  
**(All information must be complete)**

Today's Date: \_\_\_\_\_ Department: \_\_\_\_\_

Dean/ Department Head Name: \_\_\_\_\_

Dean/ Department Head Signature: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone#: \_\_\_\_\_

Event Description: \_\_\_\_\_  
\_\_\_\_\_

Is this event related to your class/ department: Y N If yes; how? \_\_\_\_\_  
\_\_\_\_\_

Date(s) of Event: \_\_\_\_\_ Room(s) Requested: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Estimated Attendance: \_\_\_\_\_ Admission fee: Y N

Will there be music/entertainment? Y N

Facility Set Up: Tables #: \_\_\_\_\_ Chairs #: \_\_\_\_\_

Please draw diagram below: X = Chairs O = Tables

Return Room Request Form to: Administrative Office at the Reggie Lewis Track & Athletic Center, 1350 Tremont St., Roxbury, MA 02120, Attn.: Scheduling and Events Manager

OFFICE USE ONLY	
Date Received: _____	Date Approved: _____
Received By: _____	Approved By: _____