

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: _____