

## RADIO ROOM USE REQUEST

**Desired Date:**  
 Day of Week    Month    Day    Year

**Date of Request:**

**Name of Activity:**

**Activity:**

Preferred

**Requestor/Contact:**

**Home Phone:** ..... G

**Address**

**Work Phone:** ..... G

**City/State/Zip**

**Cell Phone:** ..... G

**Email address:**

**Fax:** ..... G

To enable best coordination & service, please submit a request at least 30 days prior for an event, earlier if possible. Major events require more advanced planning. Email completed form to [randykie@comcast.net](mailto:randykie@comcast.net).

**Room Assignment:** To best provide for your event and others, the radio room manager will consider the information you provide to assign the room. Please indicate any set-up style preferences. While the radio room manager coordinates a variety of set-ups, the requestor may be asked to assist with extra or non-conforming set-up and/restoration. It is FULLY expected that the room will be in the EXACT condition after the event as it was prior.

**Times:** Please indicate the earliest time you will need to arrive for set-up. The room may not be available before this time due to other activities or preparation.

**Technical Sound and Equipment Needs:** You will be contacted if you have specific technical needs for your event.

|                                     |                         |
|-------------------------------------|-------------------------|
| Arrival/Set-Up Time:                | Event Begins:           |
| Event Ends:                         | Departure/Cleanup Time: |
| Estimated Size of Group:    Adults: | Children:               |
| <b>Special Needs:</b>               |                         |
| <b>Remarks:</b>                     |                         |

\*Note: Except for regularly scheduled services, staffing for these special needs is the responsibility of the person using the facilities. The radio room manager will provide information for you to make contact with coordinators who will be able to assist or advise.

**FOR RADIO ROOM MANAGER USE ONLY**

|                              |                     |         |
|------------------------------|---------------------|---------|
| Requires Approval of: .....  | Date Approved:..... | cc: Ron |
|                              |                     | Tim     |
| Approved By: .....           | Date:.....          | Tech    |
| Key Holder Assigned To:..... |                     |         |
| Notes: .....                 |                     |         |