

HQB Room Reservation Form

Check all that apply: Non-profit For-profit Individual Government Employee/HQB Partner

Contact Name: _____ Telephone: _____

Group/Organization: _____ Email: _____

Address: _____ Fax: _____

City, State, Zip: _____ Prefer: Email Fax Phone Mail

Activity/Event type (ex: meeting, party): _____

Detailed description of the event: _____

Event Time: Day _____ Date ____/____/____ Start Time _____am/pm End Time _____am/pm

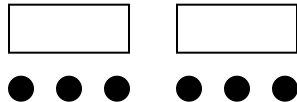
Est. Attendance* _____ Contact Person at Event _____

**if you are planning a regular, long term meeting (weekly, monthly, etc.), please attach an additional sheet listing ALL dates and start & end times. Please mark any dates with exceptions regarding attendance, set up, etc.*

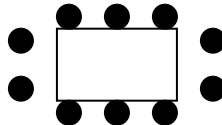
Room desired: Canteen Club Room A Club Room B Club Room C
NOTE: maximum capacity (190) (35) (25) (115)

Set up (check one): if you have special set up needs, please attach a diagram and any additional information regarding the set up to help ensure proper layout prior to the event.

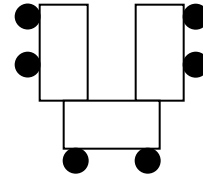
Classroom



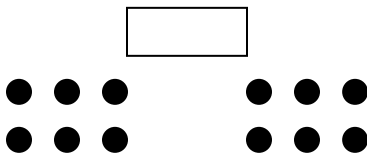
Conference



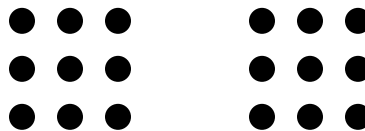
U-Shape



Theatre w/ head table



Theatre WITHOUT head table



Special setup requests: (Please be specific regarding any additional equipment needs you have):

Microphone (\$15) Podium (\$10) TV/VCR/DVD (\$20) White Board (\$10)
 Easel (\$5) Overhead Projector (\$15) LCD Projector (\$25) Projection Screen (\$10)

Confirmation: Notify me about the room requested by: Fax Mail Phone Email

Waiver and Release: By signing below I acknowledge that I waive and release any and all rights and claims for damages I may have against Hallie Q. Brown Community Center, Inc., its representatives or assignees, for all injuries or loss of property suffered by me or my group, organization, or company while using the requested facility/room, unless such injury is caused by the active negligence of the Hallie Q. Brown Community Center, Inc., or its employees or agents. I have read and agree to follow all the conditions outlined in the *Hallie Q. Brown Room Reservation Policy* for the use of space. I, the undersigned, hereby understand and agree that the above named group, organization, or company will be totally responsible for facilities used including the premises. I also understand that alcoholic beverages can not be served while using the facility. I understand that this reservation is not guaranteed until a signed reservation agreement form has been received. I acknowledge, understand, and will abide by the maximum capacity listed for the facility/room being used.

Signature: _____ Date: _____

FOR INTERNAL USE ONLY: Approved Denied Signed: _____