

Gilruth Reservation Request Form

Date of request: _____

Requestor/organization name: _____

Point of contact email: _____

Point of contact phone: _____

Date of event: _____

Time of event: _____

Event title: _____

Number of people: _____

Requested space: _____

Snacks or food served (if yes, provide details on safety measures): _____

Beer or wine served: _____

Additional requirements (room set-up, a/v, etc.):

COVID safety protocol measures:

For Office Use Only:

Approved

Name: _____

Signature: _____