

DDRB Room Reservation Request

Name of Organization: _____

Name of Meeting: _____

Meeting Date(s): _____

Time for Meeting: _____ am / pm to _____ am / pm

Number of Attendees: _____

Is this request for a single or recurring meeting? Single Recurring

If this request is for a recurring meeting, please indicate all dates and times: _____

Do you need AV Equipment? Yes No

If yes, please specify what type: _____

Has your organization received AV Training? Yes No Date: _____

Will the room need set up and/or breakdown? Yes No

Will you/your organization or the DDRB be responsible for the set up and/or
break down of the meeting? Applicant DDRB

Will food/beverages be served? Yes No

If yes, please specify: _____

Please indicate the purpose of the meeting: _____

Contact Person/Person requesting the meeting:

Your Name: _____

Organizational Address: _____

Phone Number: (_____) _____

Alternative Emergency Number: (_____) _____

Email: _____

Name of responsible person on-site the day of the event: _____

Cell Number: (_____) _____

Any questions regarding this request can be submitted to roomreservations@ddrb.org

****By signing and submitting this form, you agree to the terms set forth in the DDRB Public Meeting Space Policies.**

Signature

Date

To request this reservation:

- Save this form
- Attach to an email
- Send email to roomreservations@ddrb.org
- Your reservation is **not** complete until you receive a confirmation by email