

## DDRB Room Reservation Request

Organization Name: \_\_\_\_\_

Meeting Name: \_\_\_\_\_

Meeting Date(s): \_\_\_\_\_

Time of Meeting \_\_\_\_\_ am / pm to \_\_\_\_\_ am / pm

Number of Attendees: \_\_\_\_\_

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

If recurring, please list all dates and times requested: \_\_\_\_\_

\_\_\_\_\_

The reserving organization is responsible for room setup and cleanup. DDRB provides approximately 45 tables and 120 chairs for your use.

Do you need AV Equipment? ☐ Yes ☐ No

If yes, please specify what type: \_\_\_\_\_

Has your organization received AV Training? ☐ Yes ☐ No Date: \_\_\_\_\_

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](mailto: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:

1. Save this completed form.
2. Attach it to an email.
3. Send to [roomreservations@ddrb.org](mailto:roomreservations@ddrb.org)
4. You will receive an email confirmation once your reservation is approved.