

LCSP Conference Room Reservation Request

Date of Use _____
Approved by _____

NAME OF GROUP _____

CONTACT PERSON _____

ADDRESS _____

PHONE _____ EMAIL _____

ARRIVAL TIME _____ DEPARTURE TIME _____

Purpose of proposed Event _____

Type of beverage (s) served _____

Amenities needed (e.g. Conference set up, 7 Tables and 18 chairs, Complimentary WIFI, 6' Retractable Projector Screen, Power outlets, Use of outdoor space, Wheelchair accessibility, Coffee/Tea set up, Cold Water, Microwave, Whiteboard, Phone and Parking)

Alcohol Permit _____ Number in Group _____

Number of Vehicles _____

Special Notes:

Special Use Permit Yes/No (if applicable)

Group Use Permit Yes/No (if applicable)

Copy of IDPR rules Yes/No

Alcohol Permit Yes/No (if applicable)