

LCSP Conference Room Reservation Request

Date of Use _____
Approved by _____

NAME OF GROUP _____

CONTACT PERSON _____

ADDRESS _____

PHONE _____ EMAIL _____

DATE OF USE _____

ARRIVAL TIME _____ DEPARTURE TIME _____

Purpose of proposed Event _____

Type of beverage(s) served _____

Amenities needed (e.g. conference set up, 7 tables, 18 chairs, 50" TV screen, complimentary WIFI, 6' retractable projector screen(no projector available), power outlets, use of outdoor space, wheelchair accessibility, coffee/tea set up, cold water, microwave, whiteboard, phone and parking)

Number in Group _____

Number of Vehicles _____

Special Notes:

Special Use Permit YES NO

Group Use Permit YES NO

Copy of IDPR rules YES NO

Will Alcohol be served YES NO