



Classroom Reservation Request Form

This form is used to request rooms for meetings. In order to provide good service and ensure scheduling accuracy, room requests should be submitted 48-72 hours in advance of the reservation needed. Confirmation will be sent via email.

Requestor Information:

First Name: [Click here to enter text.](#) Last Name: [Click here to enter text.](#) Telephone/Ext.: [Click here to enter text.](#)

Manor Email Address: [Click here to enter text.](#)

Department/Division: [Click here to enter text.](#)

Reservation Information:

Day(s): Monday Tuesday Wednesday Thursday Friday Saturday

Date(s): [Click here to enter text.](#)

Start Time: [Click here to enter text.](#) End Time: [Click here to enter text.](#)

(Note: Include set-up & breakdown times/days if needed)

How many seats will be needed: [Click here to enter text.](#)

Purpose for Room Request: [Click here to enter text.](#)

Duration/Frequency: One Time Use Only Weekly Bi-Weekly Monthly

Room Type: Lecture Room or Computer Lab [Click here to enter text.](#)

A confirmation email will be sent with the room number(s) that have been reserved.

Registrar's Office use only:

date received stamp

date confirmed / initials

date scanned / initials

date attached / initials