

# South City Community Resource Center Room Reservation Request

This form is designed to document, approve and schedule use of the Community Resource Room located in Booker T. Washington Middle/High School for community partners and stakeholders. Please submit this form within two weeks of the requested date.

Requested Date \_\_\_\_\_ Time: From \_\_\_\_\_ To \_\_\_\_\_

Contact Person(s) \_\_\_\_\_

Organization \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Community Resident  SCS Partner  Community Partner

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Session Title \_\_\_\_\_

Session Description \_\_\_\_\_

Target Audience \_\_\_\_\_

Residents \_\_\_\_\_

Number of Participants \_\_\_\_\_

**NOTE:** *The community partner conducting the professional development/training session is responsible for providing all materials, supplies, etc. This includes providing a sufficient number of handouts. Cancellation of ANY session(s) should be submitted in writing, at least 24 hours in advance. email to [turnerd2@scsk12.org](mailto:turnerd2@scsk12.org)*

Services:

- Overhead projector  Desk top Computer workstation (8)  Laptop
- Internet access  Tables Desk Style (max 40)  Tables Long  \_Conference Room  Chairs only (qty.)
- other \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**South City Community Resource Center Use Only**

Alignment to Goal# \_\_\_\_\_

Special Needs/Considerations \_\_\_\_\_

Space Verified by \_\_\_\_\_ Date \_\_\_\_\_

Technology Verified by \_\_\_\_\_ Date \_\_\_\_\_

Room Assignment \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_