



# Minnco Center

## Space Usage Request Form



### Group Information

Name of Organization:		Today's Date:
Brief Description of Organization:		
Mailing address:		
City:	State:	ZIP Code:
Contact Person:	Minnco Member Number:	
Telephone: (work)	Telephone: (cell)	
eMail Address:		
Have you used the Minnco Center facilities within the last 12 months?		If so, when?

### Event Information

Type of Event:	
Requested Rooms: <input type="checkbox"/> Community Room <input type="checkbox"/> Kitchen	
Date(s) Requested:	Alternative Date(s):
Event Start Time:	Event End Time:
Estimated Number of Participants:	Will food be served? If so, caterer's name:
Room Set Up: (see diagrams) <input type="checkbox"/> Classroom <input type="checkbox"/> U-Shape <input type="checkbox"/> Round Tables <input type="checkbox"/> Seminar <input type="checkbox"/> Other:	
What additional equipment will be needed? <input type="checkbox"/> DVD/VCR/CD <input type="checkbox"/> Microphone <input type="checkbox"/> Projector <input type="checkbox"/> Internet Access	
Other information regarding event:	

**NOTE:** Signature below acknowledges that the authorized representative has read and agrees to abide by all rules and regulations outlined in the Minnco Center Usage of Facilities Policy.

Signature of Applicant:	Date:
-------------------------	-------

### Office Use Only:

Access Card Issued To:	Card Number:
Approved By:	Date: