

Contact Information

State Agency/Non-Profit Organization: _____
 Contact Person: _____
 Contact E-mail: _____
 Contact Phone: _____
 Contact Address: _____

Reservation Details

Start Time: _____ End Time: _____
 Date of Event: _____
 Event/Purpose for Reservation: _____
 Number of Participants: _____

Rooms

- Childers Room *Max participants 25. Food is not permitted; beverages are permitted. Coffee pot is provided; however, you must bring coffee, cups, etc.*
- Training Room *Max participants 40. Food and beverages are permitted. Coffee pot is provided; however, you must bring coffee, cups, etc.*

Room Setup

Number of Tables Needed:	_____
Number of Chairs Needed:	_____
How would you like the tables arranged? (U-shaped, rows, grouped, etc.)	_____

Technology Requests

- Wi-fi Access Laptop Projector Other

If other, describe. _____

Special Requests

WVLC USE ONLY

- Approved Approved By: _____
 Denied Denied By: _____