

## Facility Scheduling – HCPC Groups

Name of Group \_\_\_\_\_

Name of Event \_\_\_\_\_

Day(s) requested \_\_\_\_\_

Start and End Time \_\_\_\_\_  
(Include time needed for set up and clean up)

Number of people in the group \_\_\_\_\_

Room(s) requested \_\_\_\_\_

\_\_\_\_\_

Equipment needed – tables, chairs, DVD player, etc.

\_\_\_\_\_

\_\_\_\_\_

Music and Sound needed? \_\_\_\_\_

\_\_\_\_\_

Contact Person:

Name \_\_\_\_\_

Phone number \_\_\_\_\_

Email address \_\_\_\_\_