

MPAC Reservation Request

Name of event _____

Group attending/sponsoring _____

Approximate audience size _____

Date requested _____ Time requested _____

| | | |
|----------------------------|-----|----|
| Lobby tables/chairs needed | YES | NO |
|----------------------------|-----|----|

| | | | |
|------------------|------------|-------|----------------|
| Technical needs: | Microphone | Video | Extra lighting |
|------------------|------------|-------|----------------|

Sponsor signature _____

Principal signature _____

Approved calendar date/time _____

Approved by _____