**Room/Activity Scheduling Request**

**Please send to** [**jduran1@phoenixunion.org**](mailto:jduran1@phoenixunion.org)

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| --- | --- |
| Admin Signature Required: | **Date:** |

|  |  |
| --- | --- |
| Today’s Date: | **Is Insurance Required:** |
| Person Responsible: | Attendance: |
| Group Name: | Age Group: |
| **Cell Phone:** | Bus. Phone: |
| Date(s) of Event: | Time of Event: |
| Type of Activity: | |
|  | |

***SPACE REQUESTED***:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Student Union |  | Lecture Hall |  | Gym |  | Sustainable Table |  |
| Banquet Room: |  | Classroom(s): | | | | | |
| Other: | | | | | | | |
|  | | | | | | | |

***INSTRUCTIONAL TECHNOLOGY:***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Projector |  | VCR Player |  | TV |  | Community Log In |  |
| Laptop Computer |  | Document Camera |  | Lapel Microphone |  | Handheld Microphone |  |
| Podium/Microphone |  | DVD Player |  | HDMI adaptor |  | Public Wi-Fi |  |
| Other Equipment: | | | | | | | |
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***INSTRUCTIONS for MAINTENANCE: (You may also provide a diagram for setup)***

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***INSTRUCTIONS for SECURITY:***

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***For questions or concerns pertaining to your room request, please contact the APO Office. Mr. McCluskey or Jacob—602-764-8003 Thank you***