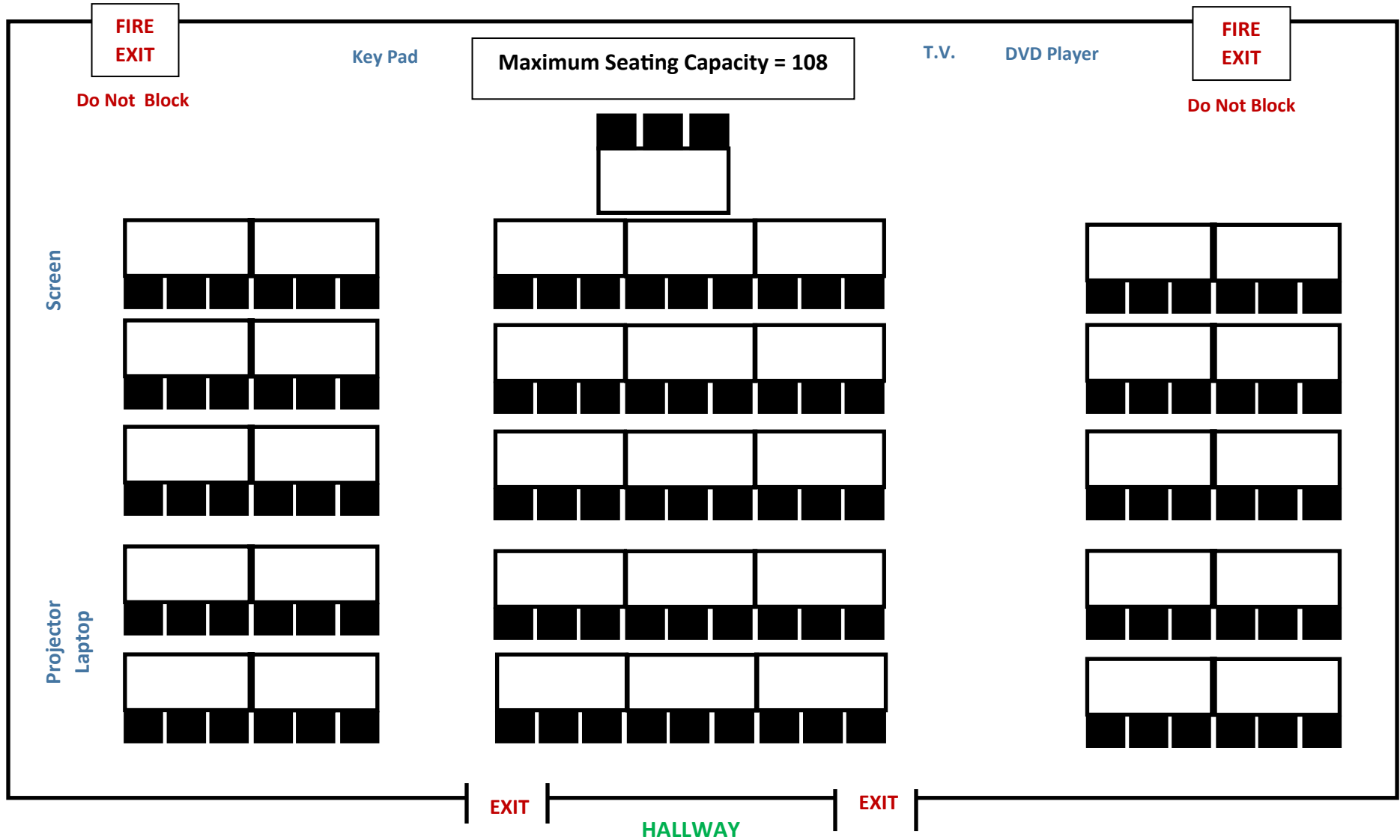


REQUESTED ROOM SET-UP MUST BE ACCOMPANIED BY COMPLETED FACILITY/ROOM USE REQUEST FORM

ROUTE 12 ASSEMBLY ROOM (Whole Room Set-Up "B")

(Note: The diagram below is not to scale)

■ = Chair
□ = Table



Organization: _____ Contact Person: _____ Telephone Number: _____

Requested Date of Use: _____ Start Time of Use: _____ End Time of Use: _____ Date of Request: _____

Additional Equipment Needed (If Available): _____ Person Making Request: _____