



# RESERVATION REQUEST

## JEFFERSON COUNTY FAIRGROUNDS AUDITORIUMS/MEETING ROOMS

Organization Name:

Contact Name:

Primary contact Number:

Alt #:

Contact Name 2:

Primary contact Number:

Alt #:

People Authorized to Check In:

Name of Event:

# Attend:

Event Begin Date:

Event Start Time:

Event End Date:

End Time:

Setup Date:

Setup Time:

Is Event Open to the Public? Yes  No  (Please circle one)

Food Served? Yes  No  Catered? Yes  No

Name \_\_\_\_\_

### FACILITY REQUESTED

EXHIBIT HALL 1  EXHIBIT HALL 2  EXHIBIT HALL 3  KITCHEN  SNACK BAR   
GMC A  GMC B  GMC C  GMC D

Setup Needs:

Type of Setup:

Additional Equipment:

Microphone: Corded handheld  Cordless handheld  Cordless Laval

Podium & PA  Small Dry Erase Board  Large Dry Erase Board

Requester \_\_\_\_\_

Title:

Date:

Fairgrounds Director \_\_\_\_\_

Date: