



Room Request Form

Please complete the following information 30 days prior to meeting or special event.

Initial Request

Name of Organization:
Date of request:
Date of Event:
Contact Person:
Phone/email

Event Details

Date(s) of Event:
Begin/End Time of Event:
Number of persons to attend:
Number of rooms requested:
Description of Event:

Rental Rate

Training Room (capacity 40) ½ day \$50 / full day \$100	\$
Room 17-19 (capacity 75) ½ day \$100 / full day \$150	\$
Event Center (capacity 100) ½ day \$150 / full day \$200	\$
Equipment usage \$25	Total \$

- Member districts may schedule rooms at no charge up to 5 times per year.
- Educational groups will be treated as non-profits unless the group charges a fee.
- For-profit group will be charged a room rental fee.
- A cancellation fee may be charged.

Return to Business Operations c/o Summit ESC 420 Washington Ave. Cuyahoga Falls, Ohio 44221

Office use: Approved/Denied Supt _____ Fee _____
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