

# Weekly Meeting Space Request Form

Name of Group: \_\_\_\_\_

Name of Coordinator (or contact person): \_\_\_\_\_

Estimated # of students attending meeting: \_\_\_\_\_

Meeting date and time:

\_\_\_\_\_

Space Requested: \_\_\_\_\_

Second choice location: \_\_\_\_\_

You may also submit this information via email to the front desk at [gaddisn@evergreen.edu](mailto:gaddisn@evergreen.edu)

Advisor Initial \_\_\_\_\_

Date Signed \_\_\_\_\_

