Community College of Baltimore County Table Reservation Request

TO BE COMPLETED BY EXTERNAL GROUPS (Community Organizations, Non-Profits and For-Profits) DATE: _____ (Requests must be made at least 14 <u>business days</u> prior to the event.) CONTACT:_____ PHONE:_____ EMAIL: MAILING ADDRESS: ALTERNATE CONTACT INFORMATION Someone who can answer questions regarding the event may need to be contacted during setup. If other than the above, please provide name and phone number. Phone #(s):_____ Name: GENERAL INFORMATION/SPACE REQUEST Event Title and Brief Description of use of table: RENTAL DATE(S): RENTAL START TIME: ____ END TIME: CAMPUS: ONLY SELECT ONE CAMPUS AND ONE LOCATION FOR EACH FORM SUBMITTED **CATONSVILLE DUNDALK ESSEX** ☐ Student Services Center by the ☐ College Community Center by the ☐ Student Services Center, Quad-level Lobby near Advising Center bookstore bookstore ☐ Student Services Center by the cafeteria ☐ Romadka College Center by the ☐ Classroom and Laboratory Building cafeteria by the Junction Cafe ☐ Library by Einstein's SET UP: ☐ ONE TABLE AND TWO CHAIRS ☐ ONE TABLE AND ONE CHAIR

Email completed form to:

Catonsville Campus Donna Leach/ Tiffany Rosario dleach@ccbcmd.edu / trosario@ccbcmd.edu

Essex Campus Donna Leach <u>dleach@ccbcmd.edu</u>
Dundalk Campus Tiffany Rosario <u>trosario@ccbcmd.edu</u>

^{*} If the table request is approved, additional information may be needed.