

# MEETING ROOM RESERVATION

West Dallas Multipurpose Center  
2828 Fish Trap Road  
Phone: 214.670.6341 - Fax: 214.670.6463



APPLICATION DATE: \_\_\_\_\_  
AGENCY/ORGANIZATION NAME: \_\_\_\_\_  
BUSINESS TYPE: \_\_\_\_\_  
CONTACT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_ WEBSITE: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
CELLULAR NO.: \_\_\_\_\_

## EVENT INFORMATION:

TYPE OF ACTIVITY: \_\_\_\_\_ #PARTICIPANTS EXPECTED: \_\_\_\_\_  
DATE: \_\_\_\_\_ START TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_  
SET UP TIME IS REQUIRED: \_\_\_\_\_ (APPROVAL REQUIRED)  
WILL FOOD OR BEVERAGES BE SERVED?      FOOD \_\_\_\_\_      BEVERAGES \_\_\_\_\_

## ROOM(S)/AREA REQUESTED:

\_\_\_\_ ACTIVITY ROOM 1 (50)      \_\_\_\_ ACTIVITY ROOM 2 (50)      \_\_\_\_ BOTH ACTIVITY ROOMS (100)  
\_\_\_\_ ADULT HEALTH CLINIC      \_\_\_\_ ARTS & CRAFTS ROOM      \_\_\_\_ CONFERENCE ROOM (16)  
\_\_\_\_ KITCHEN      \_\_\_\_ LOBBY (147)      \_\_\_\_ OUTSIDE

## EQUIPMENT NEEDS:

\_\_\_\_ PODIUM      \_\_\_\_ MICROPHONE  
\_\_\_\_ TABLES (HOW MANY) \_\_\_\_\_      \_\_\_\_ CHAIRS (HOW MANY) \_\_\_\_\_  
EQUIPMENT CHECK-OUT: RECEIVED BY: \_\_\_\_\_ WDMC STAFF: \_\_\_\_\_  
EQUIPMENT CHECK-OUT: RETURNED BY: \_\_\_\_\_ WDMC STAFF: \_\_\_\_\_

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Date Approved: \_\_\_\_\_ Date Confirmation Sent: \_\_\_\_\_ Method of Confirmation: \_\_\_\_\_