



City of Dallas

MEETING ROOM RESERVATION

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

APPLICATION DATE: _____

AGENCY/ORGANIZATION NAME: _____

DIRECTOR/CEO: _____ BUSINESS TYPE: _____

APPLICANT: _____ TITLE: _____

MAILING ADDRESS: _____

E-MAIL ADDRESS: _____ WEBSITE: _____

TELEPHONE: _____ FAX: _____

EVENT INFORMATION:

TYPE OF ACTIVITY: _____ #PARTICIPANTS EXPECTED: _____

DATE: _____ TIME: _____ DATE: _____ TIME: _____

DATE: _____ TIME: _____ DATE: _____ TIME: _____

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	____ CLASSROOM (25)
____ CONFERENCE ROOM (16)	____ KITCHEN	____ LOBBY (147)
____ OFFICE 1	____ OFFICE 2	____ OUTSIDE

EQUIPMENT NEEDS:

____ PODIUM	____ MICROPHONE	____ OVERHEAD PROJECTOR & SCREEN
____ TABLES (HOW MANY) _____	____ CHAIRS (HOW MANY) _____	

EQUIPMENT CHECK-OUT: RECEIVED BY: _____ WDMC STAFF: _____

EQUIPMENT CHECK-OUT: RETURNED BY: _____ WDMC STAFF: _____

Date Approved: _____ Date Confirmation Sent: _____ Method of Confirmation: _____