FACULTY DINING ROOM

Reservation Form

For Faculty Use ONLY

Available from 4 pm- 10 pm - Monday thru Thursday

Thank you for selecting the Faculty Dining Room for your event. In order to make your event go as smoothly as possible, please answer the following questions for us. We must have this information *before* we can book your event.

Please return this form to our office or fax it to X80290 or (909) 558-0290

CONTACT INFORMATION

	CONTACTINE	ORIVIATION		
Today's date:	(mm/dd/yyyy	')		
Contact Name:				
Department:				
Phone:	(xxx)xxx-xxx	x Fax:_		(xxx)xxx-xxxx
Pager:		Cell: _		(xxx)xxx-xxxx
Email address:				
	EVENT INFO	RMATION		
Name of Event:				
Number of people	e: Event da	te(s):		
Starting time:	AM PM	Ending time: _		AM PM
	CATERING	<u> NEEDS</u>		
	AFTERNOON SNACK		DINNER	
Room is to be reserv	llowed. Only University Catering red AS IS. lable for \$25.00 per hour chargo		vent.	