

**USE OF BROGAN CENTER TRAINING ROOM (S)  
(IN DISTRICT FORM)**

Contact Person _____	Date Needed: _____
Name of Dept/Organization: _____	
Phone No.: _____	Hours Needed: _____

**Rooms Needed:**

\_\_\_\_ Entire Training Room (Grand Canyon Room & Verde Valley Room)

\_\_\_\_ Grand Canyon Room (C4) – Max Occupancy - 102    \_\_\_\_ Verde Valley Room (C5) – Max Occupancy - 75

Approximate Number of people attending: \_\_\_\_\_    Total Maximum Occupancy – 177

**(PLEASE BE AWARE THAT THERE IS LIMITED PARKING DURING BROGAN’S BUSINESS HOURS)**

**Please indicate how the room needs to be set-up in the space provided below;  
Custodians will set up as requested:**

\_\_\_\_\_ Number of tables                      \_\_\_\_\_ Number of chairs

**Provide a sketch of the formation for your set up:**

  
  
  
  

**Equipment Available:**

\_\_\_\_\_ PA System    \_\_\_\_\_ SMART Board    \_\_\_\_\_ Laptop Hook up    \_\_\_\_\_ DVD

**IF TECHNOLOGY ASSISTANCE OR SET UP IS REQUIRED, PLEASE CONTACT THE  
INFORMATION TECHNOLOGY HELP DESK AT 480-730-7468 – AT LEAST 48 HOURS  
PRIOR TO THE EVENT.**

**ALL SUPPLIES MUST BE PROVIDED BY REQUESTER.**

**PLEASE FAX COMPLETED FORM TO FMFL – 480-784-1278**

<b>To be filled out by the FMFL office only.</b>		
Date Received: _____	Scheduled by: _____	
<input type="checkbox"/> TMA FM # _____	<input type="checkbox"/> Calendar	<input type="checkbox"/> Entered in scheduling book