



## Elk City Safety Training Center Facility Request Form

### EVENT INFORMATION

**Company/Group Name**

**Event Name/Purpose**

**Start Date**

**Time**

**# of Attendees**

**End Date**

**Time**

**What room(s)  
will you need?**

**Conference Room(s)**

**Recurring?**      **Yes**      **No**

**Kitchen**

**Mon Tue Wed Thu Fri Sat Sun**

**Fire Tower**

**Days**

**Special Requests/Comments**

**Refreshments/  
Equipment**  
(All conference rooms  
have AV Projectors,  
Smart Boards,  
Blu-Ray Players &  
Document Cameras)

**Coffee Service**

**Catering**

**Computers**

**Video Conferencing**

### CONTACT INFORMATION

**Contact**

**Phone Number**

**Email**

**Mailing Address**

**City**

**State**

**Zip**

### Office Use Only

**Date Recieved**

**Conference Room(s) Reserved**

**Confirmed    Remarks**