

Los Angeles Unified School District
East Los Angeles Skills Center

CONFERENCE ROOM REQUEST FORM

Today's Date: _____

Date of Room Request: _____ **Recommended Room** _____

Organization(s) Requesting Room

Type of Activity/Event _____

Time of Event From: _____ To: _____

Seating for Approximately _____

Contact Person _____ Phone Number _____

ELASC Contact Person _____

Seating Set-up _____

FOR OFFICE USE ONLY

Assigned Room: _____

Approved by: _____ Date: _____

Special Request: _____
