



EBRP Child Nutrition Program
3000 North Sherwood Forest Dr.
Baton Rouge, LA 70814
Phone (225) 226-3686 Fax (225) 275-3801

**Sharp Station Meeting Room Reservation Form
Main Conference Room # 032**

Department: _____
Responsible Person: _____
Contact Number: _____
Date(s) of Meeting(s): _____ Time: _____ to _____
Number in Attendance: _____
Date Form Completed: _____

Meeting Room Reservation Guidelines:

1. Reservations must be made at least two weeks in advance. Any change in seating arrangements will be the responsibility of the person listed above if Martha Walker (226-3686) or Dr. Nadine Mann (226-3606) are not contacted at least one week before the scheduled meeting.
2. The Child Nutrition Department will be responsible only for the set up of tables and chairs.
3. The set up and clean up of coffee service and/or snacks will be the responsibility of the person reserving the meeting room.
4. No food or beverages (including water) are allowed in the meeting rooms. Tables and chairs are located in the foyer area and in the vending room for the purpose of refreshments.
5. No smoking is allowed in the building. The designated smoking area is the ramp in front of the building. Cigarette butt receptacles are available in front of the building. Please instruct meeting participants not to throw cigarette butts on the ground.
6. The responsible party must remove all items brought into the meeting room, foyer and vending area before leaving for the day.
7. No refrigeration, cooking surfaces or microwave ovens are available.
8. Meeting participants are restricted to the following areas: foyer area, vending room and restroom.
9. One person must be instructed by a trained Child Nutrition Program employee in the use of the AV equipment

Check all items needed:

____ VCR	____ Computer
____ Document Camera	____ Chairs (# of chairs _____)
____ DVD Player	____ Tables (# of tables _____)
____ Microphone	____ Refreshment/Registration Table in Foyer

I have read, understand and agree to the above guidelines. I understand that if I do not comply with the above guidelines, I may lose the use of the facility and be assessed a clean-up fee.

Signature/Job Title (Responsible Person)

Date

Signature (Department Head)

Date



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**Sharp Station Meeting Room Reservation Form
Classroom #029**

Department: _____
Responsible Person: _____
Contact Number: _____
Date(s) of Meeting(s): _____ Time: _____ to _____
Number in Attendance: _____
Date Form Completed: _____

Meeting Room Reservation Guidelines:

1. Reservations must be made at least two weeks in advance. Any change in seating arrangements will be the responsibility of the person listed above if Martha Walker (226-3686) or Dr. Nadine Mann (226-3606) are not contacted at least one week before the scheduled meeting.
2. The Child Nutrition Department will be responsible only for the set up of tables and chairs.
3. The set up and clean up of coffee service and/or snacks will be the responsibility of the person reserving the meeting room.
4. No food or beverages (including water) are allowed in the meeting rooms. Tables and chairs are located in the foyer area and in the vending room for the purpose of refreshments.
5. No smoking is allowed in the building. The designated smoking area is the ramp in front of the building. Cigarette butt receptacles are available in front of the building. Please instruct meeting participants not to throw cigarette butts on the ground.
6. The responsible party must remove all items brought into the meeting room, foyer and vending area before leaving for the day.
7. No refrigeration, cooking surfaces or microwave ovens are available.
8. Meeting participants are restricted to the following areas: foyer area, vending room and restroom.
9. One person must be instructed by a trained Child Nutrition Program employee in the use of the AV equipment

Check all items needed:

____ VCR	____ Computer
____ Document Camera	____ Chairs (# of chairs _____)
____ DVD Player	____ Tables (# of tables _____)
____ Microphone	____ Refreshment/Registration Table in Foyer

I have read, understand and agree to the above guidelines. I understand that if I do not comply with the above guidelines, I may lose the use of the facility and be assessed a clean-up fee.

Signature/Job Title (Responsible Person)

Date

Signature (Department Head)

Date



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**Sharp Station Meeting Room Reservation Form
Computer Lab #035**

Department: _____
Responsible Person: _____
Contact Number: _____
Date(s) of Meeting(s): _____ Time: _____ to _____
Number in Attendance: _____
Date Form Completed: _____

Meeting Room Reservation Guidelines:

1. Reservations must be made at least two weeks in advance. Any change in seating arrangements will be the responsibility of the person listed above if Martha Walker (226-3686) or Dr. Nadine Mann (226-3606) are not contacted at least one week before the scheduled meeting.
2. The Child Nutrition Department will be responsible only for the set up of tables and chairs.
3. The set up and clean up of coffee service and/or snacks will be the responsibility of the person reserving the meeting room.
4. No food or beverages (including water) are allowed in the meeting rooms. Tables and chairs are located in the foyer area and in the vending room for the purpose of refreshments.
5. No smoking is allowed in the building. The designated smoking area is the ramp in front of the building. Cigarette butt receptacles are available in front of the building. Please instruct meeting participants not to throw cigarette butts on the ground.
6. The responsible party must remove all items brought into the meeting room, foyer and vending area before leaving for the day.
7. No refrigeration, cooking surfaces or microwave ovens are available.
8. Meeting participants are restricted to the following areas: foyer area, vending room and restroom.
9. One person must be instructed by a trained Child Nutrition Program employee in the use of the AV equipment

Check all items needed:

____ VCR	____ Computer
____ Document Camera	____ Chairs (# of chairs _____)
____ DVD Player	____ Tables (# of tables _____)
____ Microphone	____ Refreshment/Registration Table in Foyer

I have read, understand and agree to the above guidelines. I understand that if I do not comply with the above guidelines, I may lose the use of the facility and be assessed a clean-up fee.

Signature/Job Title (Responsible Person)

Date

Signature (Department Head)

Date

Seating Arrangements: X (Chairs)

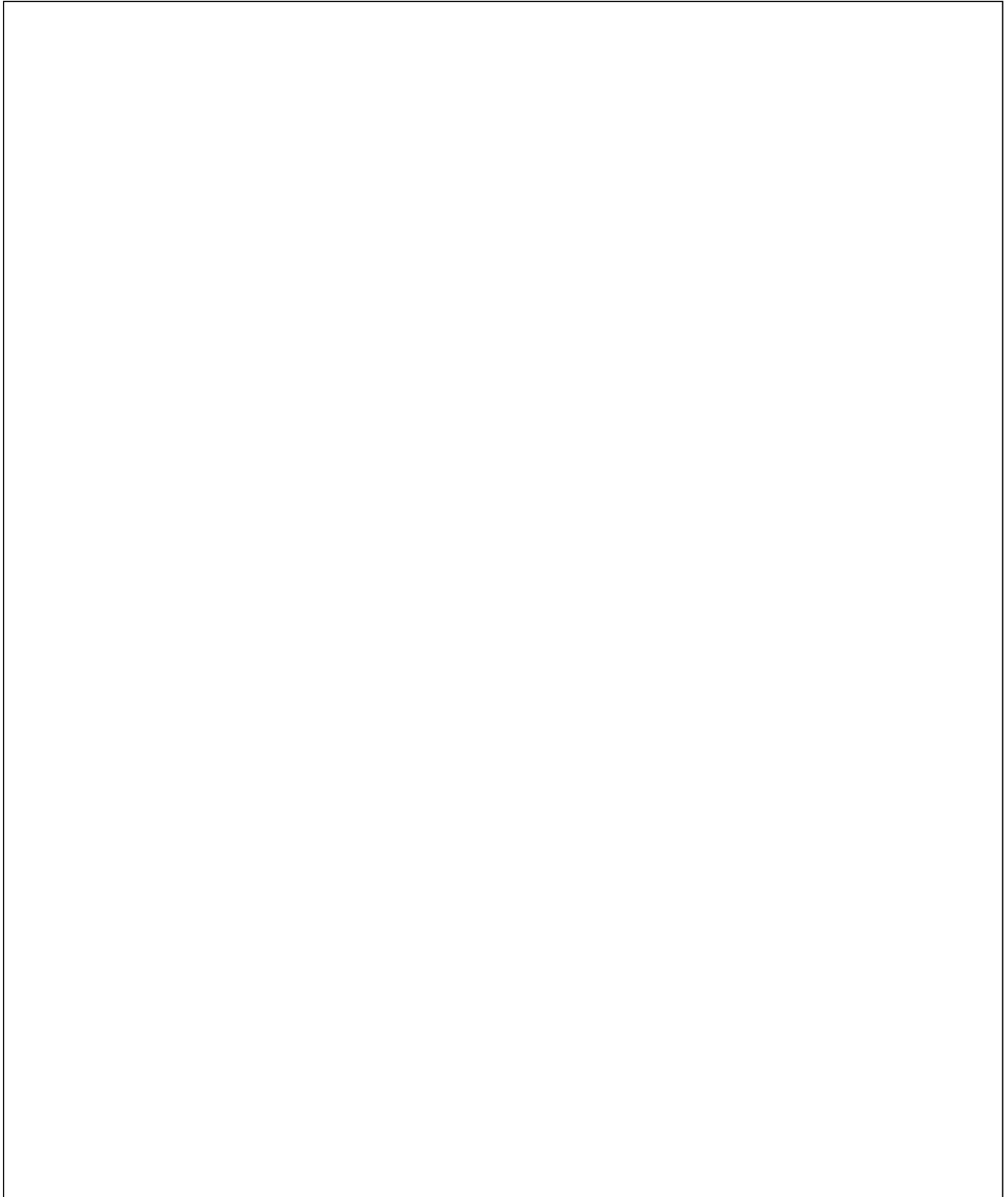
(Tables)

Classroom (#029)
Seating Capacity - 52 Participants

A large, empty rectangular box with a thin black border, occupying the majority of the page below the header. It is intended for drawing the seating arrangement for the classroom.

Seating Arrangements: X (Chairs) (Tables)

Computer Lab (Room #035)
Seating Capacity- 30 Participants

A large empty rectangular box with a thin black border, intended for drawing the seating arrangement for the computer lab. The box is currently blank.

EBRP Child Nutrition Program

Seating Arrangements: X (Chairs) □ (Tables)

Main Conference Room (# 032)

Seating Capacity - 190 Participants (Chairs Only)

52 Participants (Tables and Chairs)

