Facility Use Application



Event			Organ	iization	
Contact Name		Phone	Email	Address	
Second Contact		Phone	Email	Address	
Date(s) of Activity		Estimated Attendance	e Start	Time	End Time
Type of Activity					
□Class/Workshop	□Lecture	□Meeting	□Other		
Desired Room Confi	guration (Dem	o Kitchen Classroom o	r Multi-purpose Room C	nly)	
□Board Room	□U-Shape	☐Hollow Square		□Other	
Equipment Needs					
☐Sound System	□Podium	□Internet	□Projection Screen &	& Projector	
operate the A/V equipm	ent and will occur	an additional expense. Th	available in every room. A T ne A/V equipment cannot b w days early to test for com	e used withou	
Will there be food/b	everage?]Yes □No			
or any other utensils in t licensed vendor can be	he kitchen canno used. We encoura	t be used. A licensed cate	d to prep or set up. The dist rer is required for groups ov supplies when using the kit operty.	er 15 or purch	nased food items from a
Cost					_
			l. Security, A/V support and greed to in writing, and pai		
Reservation Agreem	nent				
and with the Tulsa Healt reserving. The sponsorir	h Department's ranged agency will be devent. The sponso	egulations established for charged for all identifiable oring organization will not p	such events. Organizers are	e encouraged etc.) incurred l	facility rules and regulations to review these rules before by Tulsa Health Department pplication has been
Authorized Signature				Date	

You may submit this application by clicking the "Submit Application" button to the right or by mailing to:

Tulsa Health Department North Regional Health & Wellness Center

Attn: Marcus Anderson

5635 N. Martin Luther King Jr. Blvd.

Tulsa, OK 74126

^{*}Facility request form must be received at least four weeks before event date.

^{*}No decorations may be used that will mar surfaces. Only blue masking tape permitted.

Additional Comments, Instructions, Drawings, Etc.

