



## Wilkes-Barre Center Facilities Utilization Form

Request submitted by: \_\_\_\_\_ Department/Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

TITLE OF EVENT/CLASS/PROGRAM: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_ Time: \_\_\_\_\_

If more than one day, please note beginning and end dates: Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Number of participants: \_\_\_\_\_

SPECIAL REQUESTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please submit this form 10 days prior to the requested date.**

**All requests are based on availability.**

Please return this form in one of the following ways:

- 1) By fax (570) 822-6171
- 2) Scan & email to [wcenter@luzerne.edu](mailto:wcenter@luzerne.edu)
- 3) By dropping off at the front desk: 2 Public Square (Lower Level), Wilkes-Barre, PA 18701

To be completed by Wilkes-Barre Center Director:

Room Assigned: \_\_\_\_\_ Approved By: \_\_\_\_\_ Date: \_\_\_\_\_