



CENTRAL HEALTH
SOUTHEAST HEALTH AND WELLNESS CENTER

ROOM REQUEST

Return electronically to elizabeth.marrero@centralhealth.net. For further questions, please contact at 512-978-9807

Date of Request : ____ / ____ / ____

PLEASE TYPE OR PRINT INFORMATION

Name of organization/program:		Web address:	
Name of Event:			
Address of ORGANIZATION:		Are you a 501C3 or Government Entity?	
City:	Zip:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Contact Person:		Telephone Number:	
Email Address:		Fax Number:	
Date(s) of Event:		Time(s) of Event:	
Is this a recurring date & time?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, for how long? _____
Will it be held:		<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	Expected # of attendees:
Is this your first year?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, how many years?
ROOM(S) Requested: ____ TRAVIS A,B, C, or D* (EACH SECTION HOLDS 20-25) Space for 100 ____ COMMUNITY ROOM (HOLDS 40) *Identify which room(s) are needed: _____ ____ KITCHEN (HOLDS 20-25) ____ GARDEN ____ PLAYScape			
Populations to be served at event:			
Ages served:		Gender:	Open to the Public?
Additional information that will assist us in making the decision:			
Submission of the form is not a confirmation of reservation. Request will be reviewed, proof of insurance submitted, and a Room Agreement Form must be completed. Fees vary.			
<i>*Note: Any flyers or advertising of Central Health's presence must be reviewed by our staff coordinating this event prior to distribution. Personal Health Information (PHI) will not be shared with any organization including the sponsor. Central Health will not be liable for information shared by other organizations.</i>			
OFFICE USE ONLY:			
Person submitting request (if applicable): _____			
Notes (i.e., history, recommendation):			