



Luzerne County Community College Wilkes-Barre Center Room Reservation Request

Requester: _____ Department/Organization: _____

Contact Person: _____ Date of Request: _____

Phone Number: _____ Email: _____

Title of Event/Class/Program: _____

Date of Event: _____ Time of Event: _____ Expected Number of Participants: _____

If more than one day, please note start and end dates: Start: _____ End: _____

Special Requests: _____

Please submit this form at least 14 days prior to the requested date.

All requests are based on availability.

Please submit completed form to the Wilkes-Barre Center in one of the following ways:

1. Email: wbcenter@luzerne.edu
2. Drop off at front desk: 2 Public Square (First Floor), Wilkes-Barre, PA 18701
3. Fax: 570-740-0788

To be completed by Wilkes-Barre Center Director:

Approved: Denied: Director Signature: _____ Date: _____

If denied, reason: _____
