



# Valley Venture Mentors

## Event Booking Form

(THIS REQUEST FORM MUST BE COMPLETED AT LEAST TWO(2) WEEKS PRIOR TO SCHEDULED ACTIVITY/EVENT)

Date: \_\_\_\_\_ Name of individual or club/organization: \_\_\_\_\_

Registered By: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Event Name: \_\_\_\_\_ Estimated Attendance (#): \_\_\_\_\_

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

- Rooms Needed:  Upstairs Conference Room (Seats 24)  
 Downstairs Conference Room (Seats 10)  
 Auditorium (Seats 200) Please Select Floor Plan (Listed Below) : \_\_\_\_\_

Amenities Required: Please see attached Space Details

Audio  Video

Do you plan on bringing Food?  Yes  No

### Auditorium Floor Plans

Classroom



Mentorship



U-Shaped



Custom



Additional Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please email this completed form to [admin@valleyventurementors.org](mailto:admin@valleyventurementors.org)

276 Bridge St. | Springfield, MA 01103  
[www.valleyventurementors.org](http://www.valleyventurementors.org)

**(FOR OFFICE USE ONLY)**

Activity/Event Approved: \_\_\_\_\_ Food Day Approved: \_\_\_\_\_

Approved By: \_\_\_\_\_ DATE: \_\_\_\_\_



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Space information