Akron-Canton Regional Foodbank

MEETING ROOM REQUEST FORM

Please complete this form and return it to volunteer@acrfb.org to request meeting space at the Akron-Canton Regional Foodbank. Submitting this form does not guarantee a reservation. We will make every reasonable effort to respond within two business days regarding availability.

Contact Person _____

Company/Organization _____

Phone _____ Email _____

Meeting/Event Title _____

Meeting/Event Purpose _____

Please select the Foodbank location where you would like to host your meeting or event:

- ○ Main Campus: 350 Opportunity Pkwy, Akron, OH 44307
- ○ Stark County Campus: 1365 Cherry Ave NE, Canton, OH 44714
- ○ Wayne County Campus: 333 Wadsworth Rd, Orrville, OH 44667

Date Requested _____ Anticipated Attendance _____

Published Start Time _____ Published End Time _____

Additional Setup Time Needed _____ Additional Cleanup Time Needed _____

Are you interested in:

- ☐ participating in a volunteer opportunity?

  Preferred time: _____ Length: _____
- ☐ having a Foodbank representative speak or give an overview of the Foodbank?

  Preferred time: _____ Length: _____
- ☐ touring the facility?

  Preferred time: _____ Length: _____

Audio/Visual Needs:

- ☐ TV display or projector/screen
- ☐ Audio or sound (to play videos or listen to music)
- ☐ Microphone(s)
- ☐ Microsoft Teams meeting capabilities
- ☐ Setup assistance

Food & Beverage Use (check all that apply):

- ☐ Prepared food and/or beverages will be served.
- ☐ Electrical hot/warming boxes will be used (not provided).
- ☐ Sterno (open flame) with chafing dishes will be used (not provided).
- ☐ Refrigerator space is needed.
- ☐ Alcohol will be served.

Additional Information

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_____

I agree to be responsible for any claims, damages or losses resulting from the actions or negligence of my company/organization, its attendees or invited guests, and will not hold the Akron-Canton Regional Foodbank, its Board of Directors, officers or employees responsible for such claims. I have read the Meeting Room Use Agreement and agree to share applicable instructions with attendees. I understand that my reservation is subject to Foodbank approval and availability.

Signature _____ Date _____