



Brodie Science Room Booking Form:

Name: _____

Department: _____

Room use: _____

Date: _____

Day of Week: _____

Slot (if applicable): _____

Start time: _____

End time: _____

Capacity required: _____

Other requirements: _____

Room preferences (in order): _____

***Please complete in full and e-mail to Peloquin@brandonu.ca**