COMMUNITY ROOM RESERVATION SHEET

Reserved by: _____ **Date:**_____

Organization: _____

Non-profit? Yes or No **State Agency? Yes or No**

Contact Information

Name: _____

Email:_____Phone: _____

Address: _____

Event Description

Type of Event: _____

Date:_____/_____/_____
Month Day Year

Start Time:_____ Finish Time: _____

Number of Attendees: _____

I have read and agree with the Community Room facilities usage policies.

Renter's signature _____ **Date** _____

Authorized VHS signature _____ **Date**_____