

COMMUNITY CENTER ROOM RENTAL ARRANGEMENT

Day/Date: S M T W TH F SA _____ Time From: _____ To: _____ Room: **ACTIVITY RM 2, 3 & 4**

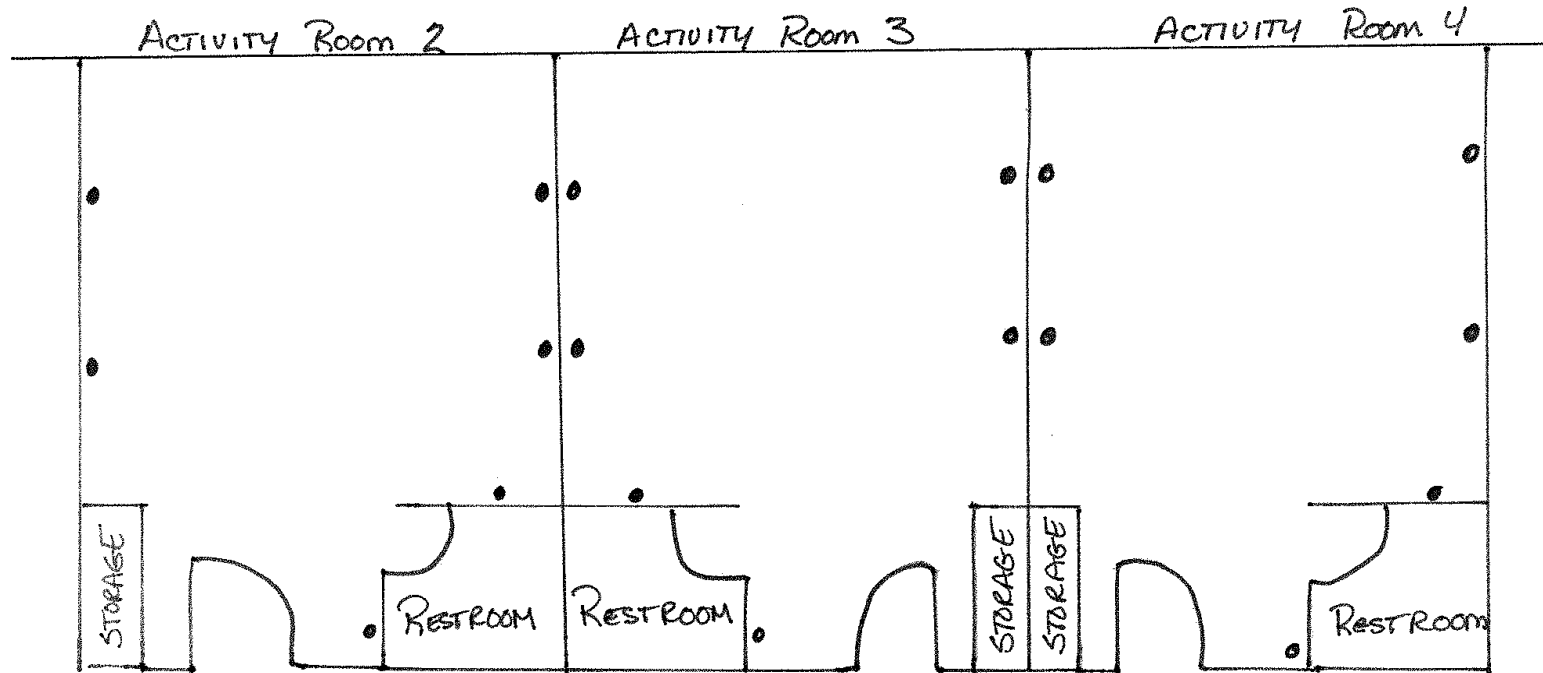
Program: _____

Contact Person & Phone #: _____

Number of Chairs: _____ Number of Table _____ Type of Table: Round Six-Foot Other _____

Special Instructions: _____

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FIRST FLOOR