

COMMUNITY CENTER ROOM RENTAL ARRANGEMENT

Day/Date: S M T W TH F SA Time From: \_\_\_\_\_ To: \_\_\_\_\_ Room: **SOUTH ATRIUM**

Program: \_\_\_\_\_

Contact Person & Phone #: \_\_\_\_\_

Number of Chairs: \_\_\_\_\_ Number of Table \_\_\_\_\_ Type of Table:  Round  Six-Foot  Other \_\_\_\_\_

Special Instructions: \_\_\_\_\_

