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<b>Community Room Application</b>			
Contact Name			Date of Application
Street Address			
City		State	Zip Code
Phone Number		Email address	
Name of Organization			
Date(s) & time(s) of meeting/event			
Purpose of meeting/event			

I have read the Community Room Use Policy and agree to its terms.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

For office use:

\_\_\_\_\_ Approved      \_\_\_\_\_ Not Approved      \_\_\_\_\_ Initial & Date