Name of Organization				
User/Authorized Agent				
Address of Authorized Agent		City/Zip		
Telephone Number	Cell #	email address		
Purpose of Meeting				
Name of person in charge if different th	an above			
Will an admission charge or collection of	of funds of any type be ma	de as prerequisite to participate?	Yes	No
If yes, what will the proceeds be used for?		Amount per person \$		
DATES DESIRED	HOURS FROM TO	FACILITIES REG	QUESTED ROOM(	f4 <b>.33</b> 60.7 <b>6</b> 9.4 <b>8</b>

I hereby make this application for use of College Facilities on behalf of the below named organization, which has authorized this application.