

CupOJoy

Meeting Room Application

ORGANIZATION: _____

NAME OF GROUP ADMINISTRATOR: _____

TITLE: _____

ADDRESS: _____

PHONE/EMAIL: _____

*REFERENCE: _____

PHONE/EMAIL _____

DATE NEEDED: _____ FREQUENCY: _____

TIME NEEDED: _____ TO: _____

ESTIMATED ATTENDANCE: _____

WILL REFRESHMENTS BE SERVED: _____

PURPOSE FOR USE:

OFFICE USE

_____ Accepted

_____ Denied

Reason for denial:

Signature: _____ Date: _____