

Meeting Room Reservation Application

NAME: _____

NAME OF GROUP/ORGANIZATION: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: _____

EMAIL: _____

Personally, or as an authorized representative of the above Group/Organization, I/We hereby apply for use of a meeting room at the Village Hall. I/We have read the rules and regulations and agree that they will be strictly observed. In the event the room is not in the same condition as when I/We took possession, I/We understand that fees will be assessed and charged to the Group/Organization that is responsible.

Signed _____ Date _____



Reservation Date(s) _____

Time of Usage: From _____ To _____

Est. Number of Attendees: _____

Room to be used for: _____

Room Requested (**please check one**):

Meadows Room: _____ Board Room: _____ Small Room-Upper: _____

FOR OFFICE USE ONLY:

Application received on: _____

Request Approved: _____ **Comments:** _____

Request Denied: _____ **Comments:** _____

Village Administrator: _____

Any questions related to this application please call 414-529-6161 or email
Lkotowski@halescorners.org

You can submit your application in person, by mail, or send to the email listed above.