

## **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  
[Akindschi@halescorners.org](mailto:Akindschi@halescorners.org)

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

(R: 02/17/2025)