

MEETING ROOM REQUEST FORM

Deadline: March 1, 2010

Return to: Sandee Lovett, P.O. Box 68, Trufant, MI 49347

Group or committee needing a room _____

Name contact person _____

Contact's address _____ City _____ State _____ Zip _____

Phone number(s) _____ Email _____

Day, date, and time of the meeting _____

Anticipated # of people attending _____

Room set up instructions (including placement of chairs and tables and any equipment requested) _____

