

## Room Scheduling Information Form

Group Name \_\_\_\_\_

Contact Name & Number \_\_\_\_\_

Approximate # in Group \_\_\_\_\_

Daily\_\_\_\_\_ Weekly\_\_\_\_\_ Monthly\_\_\_\_\_

Day of Week \_\_\_\_\_

Summer Months (yes/no)? \_\_\_\_\_

Room Requested \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Start Time \_\_\_\_\_ End Time \_\_\_\_\_

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