

Date submitted \_\_\_\_\_

***M.A.C. Request Form***

Group Or organization requesting: \_\_\_\_\_

Address: \_\_\_\_\_

Date requested (or regularly scheduled date such as 1<sup>st</sup> & 3<sup>rd</sup> Mondays at 3 p.m).: \_\_\_\_\_

Time of actual meeting \_\_\_\_\_

Time of use of the area (including setup & cleanup, etc) \_\_\_\_\_

Contact person \_\_\_\_\_ Phone # &/or email address \_\_\_\_\_

Area(s) requested \_\_\_\_\_

Equipment needed (tables, chairs, TV/VCR, CD player, etc) \_\_\_\_\_

Calendared by: \_\_\_\_\_ Date: \_\_\_\_\_

***Rooms are assigned on a first-come principle. If you need to cancel this date for any reason, please call the office, 926-1478, to have the Event removed from the calendar.***