



33 Hawthorne Avenue, Central Islip NY 11722 (631) 234-9333

REQUEST FOR USE OF COMMUNITY ROOM

TO: Board of Trustees

The _____ requests the use of the Community room for
Name of Organization

_____ people for _____ people on _____ from
Type of Activity *# of People* *Date*

_____ to _____.
Start Time *End Time*

For repetitive events please add additional dates here: _____

Requests must be made at least 7 days in advance of the Trustee's meeting. It is understood that the undersigned will be personally responsible to see that all regulations of the Board of Trustees are observed and that the group or organization will be responsible for damage resulting from misuse of the facilities.

(Please remember to indicate preferred room set-up on form labeled *COMMUNITY ROOM SETUP OPTIONS*)

Person Responsible: _____

Office Held: _____

Address: _____

Phone: _____ Email: _____

Alternate Person to Contact: _____

Address: _____

Phone: _____ Email: _____

DISPOSITION:

Approved: _____

Date: _____

Rejected: _____

Date: _____