



**ESKAN COMMUNITY CENTER  
REQUEST FOR USE OF MEETING ROOM**

Date of Function: \_\_\_\_\_ Time (s): \_\_\_\_\_

Room (s) Requested: \_\_\_\_\_ Tel. #: \_\_\_\_\_

Name of Requestor: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Cell #: \_\_\_\_\_

Unit or Organization: \_\_\_\_\_ POC for Function: \_\_\_\_\_

Type of Activity: \_\_\_\_\_ # of Attendees: \_\_\_\_\_

Equipment Request: \_\_\_\_\_

Will food and/or beverage be served? \_\_\_\_\_

Contact the Eskin Community Club at 435-7621/6050

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I understand that if this request is approved, I am responsible for the set-up of the facility for my function and for all the equipment issued to me. Further, I accept the responsibility of cleaning-up the facility, returning all furniture and equipment to its proper place after use.

\_\_\_\_\_  
Signature of Authorized Representative

**THIS REQUEST MUST BE DELIVERED IN PERSON TO VILLA 62-12 OR**

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The Eskin Community Center received date Request: \_\_\_\_\_

Above request is: Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Signature: \_\_\_\_\_

Key is issued to: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Key is returned to: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_