



Office Use Only

Today's Date: _____

Time: _____

Expressive Activities Request Form

(All requests must be submitted a minimum of 48 business hours in advance of the desired date)

Requestor: _____

Name of Group/Individual: _____

Phone #: _____

Email: _____

Description of activity: _____

Requested Date(s) (up to 6 dates per reservation block period – Sept.-Nov., Dec. – Feb. or March-May):

Date: _____ Time frame requested: _____ a.m./p.m. to _____ a.m./p.m.

Location: Com. Center Senior Center Outside Com. Center Outside Senior Center

Date: _____ Time frame requested: _____ a.m./p.m. to _____ a.m./p.m.

Location: Com. Center Senior Center Outside Com. Center Outside Senior Center

Date: _____ Time frame requested: _____ a.m./p.m. to _____ a.m./p.m.

Location: Com. Center Senior Center Outside Com. Center Outside Senior Center

Date: _____ Time frame requested: _____ a.m./p.m. to _____ a.m./p.m.

Location: Com. Center Senior Center Outside Com. Center Outside Senior Center

Date: _____ Time frame requested: _____ a.m./p.m. to _____ a.m./p.m.

Location: Com. Center Senior Center Outside Com. Center Outside Senior Center

Date: _____ Time frame requested: _____ a.m./p.m. to _____ a.m./p.m.

Location: Com. Center Senior Center Outside Com. Center Outside Senior Center

Contact Signature

Date

Department Representative Signature

Date

****Requests do not guarantee approval. Outdoor locations do not count against reservation limits, but staff maintains the authority to identify appropriate locations for expressive activities.**