



Community Access Application Form

Name of group/organization: _____

Contact Person: _____ Phone Number: _____

Email: _____

Address: _____

Name of event: _____

Detailed description of event/program: _____

Number of participants: _____ Age of participants: _____

Supervisory Ratio: _____ Fee for participation: Yes / No

If yes, how much? _____

Will your program be open to the community/ community organizations? Yes / No

If yes, how will you involve others? If no, please explain: _____

Space requested: _____

Equipment/Space set-up (i.e. table & 10 chairs): _____

Time/day(s) requested (i.e. Tuesdays 3:00-4:30PM) : _____

Start date: _____ End date: _____

Please include your organizational mission statement and/or vision if applicable

Signature: _____ Date: _____