



Application for Use of Conference Room

Name of Organization and Responsible Person

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Requested: _____ Start/End Time: _____ Purpose of Use: _____

Name of Organization: _____

Do you need use of the kitchen? YES NO Total number of people expected to attend? _____

Do you need use of any of the equipment? YES NO If yes, what? _____

Other Requests: _____

Disclaimer and Signature

I certify that I agree to the terms for the use of the Conference Room at FutureHeights offices located at 2843 Washington Blvd, Coventry PEACE Campus, Cleveland Heights, OH 44118. Email, info@futureheights.org, 216-320-1423.

Signature: _____ Date: _____

Reservation Approved by: _____ Date: _____