Village Grande at English Mill Homeowners Association

FACILITY RESERVATION REQUEST FORM

(Return by Email, fax or place in Mailbox outside Site Manager's Office)

Name:			Phone No.:	
Address:	Email:			
Organization Sponsoring Ev	vent:		Room Requested:	
Description of Event:				
Date of Event: Start Time:			Compl. Time:	
Set up Time Requested: Da	ate:	Time:		
(Note: Set up time should be	e flexible to accomi	modate other needs for the fo	acility)	
Comments:				
Please keep a copy of this fo	orm for your record	ds. You will be notified on th	e disposition of this request.	
(For use of HOA only)				
Date Received:	By:	Status:	_	
Reservation Date & Time: _		Setup Date &Time	:	
Action Taken:				

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