

Meeting Request Form

ORGANIZATION: _____

DATE(s) OF MEETING: _____

TIME OF MEETING: _____

CONTACT PERSON: _____

CONTACT NUMBER: _____

LOCATION OF MEETING: _____

SPECIAL REQUESTS: (kitchen open, projection screen, chairs, etc.)

Approved by _____

Date _____

Fee: Yes No

Please drop off or send this form to the Village Hall: P.O. Box 336, Port Austin, MI, 48467
You may also e-mail it to trapson@airadvantage.net
Please send it to the attention of the Special Events Committee.