



# Meeting Room Application

Date of application \_\_\_\_\_ Date room requested \_\_\_\_\_

Total time room required \_\_\_\_\_ Hours (from) \_\_\_\_\_ to \_\_\_\_\_

Name of group or organization \_\_\_\_\_

Individual responsible \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day phone \_\_\_\_\_ Evening phone \_\_\_\_\_

Description of meeting room use \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Maximum number of persons expected in room \_\_\_\_\_

***Please return form to:***

Vanessa Purdom  
Director of Community Relations  
1050 N. James Campbell Blvd., Suite 200  
Columbia, TN 38401

**FAX 931.840.0234**