



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 _____

If mailed, please return form to:
Vanessa Purdom
Director of Community Relations
1050 N. James Campbell Blvd., Suite 200
Columbia, TN 38401

If emailed:
vanessa@mtbj.net