



Andover Space Usage Request Form



Group Information

Name of Organization:

Today's Date:

Brief Description of Organization:

Mailing address:

City:

State:

ZIP Code:

Contact Person:

Member Number:

Telephone: (work)

Telephone: (cell)

eMail Address:

Have you used the Andover facilities within the last 12 months?

If so, when?

Event Information

Type of Event:

Date(s) Requested:

Alternative Date(s):

Event Start Time:

Event End Time:

Estimated Number of Participants:

Will food be served?

Other information regarding event:

Signature of Applicant:

Date:

Office Use Only:

Card Issued To:

Card Number:

Approved By:

Date: