

# Meeting Room Request Form

Kansas Coalition Against Sexual and Domestic Violence-634 SW Harrison-Topeka, KS 66603- Phone: 785-232-9784-Fax: 785-266-1874

Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Number in Group: \_\_\_\_\_

Requested Date	Event Name:	Event Type:	Event Set-up Time:	Event Start Time:	Event Ending Time:	Breakdown/ Loadout Time:

Training Center: West \_\_\_\_\_ East \_\_\_\_\_ Combined \_\_\_\_\_ Sisterhood Mtg. Rm. \_\_\_\_\_  
(capacity single: West-30, East-20 Dble: Combined-50) (capacity:10-12)

**\$25 deposit required upon arrival and will be returned at check-out, if cleanup is complete and no damages occurred.**

Applicants understand and agree to comply with all conditions described in KCSDV Meeting Room Use Policy and Guidelines.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved  Not Approved

Deposit Received  Deposit Returned

(KCSDV STAFF)- Please initial in box