

Calendar Event and/or Room Reservation Request

Please submit your completed form to Laura Wise (in person or via email lwise@kenilworth38.org)

Name of Event:				Audience:			Number o	f Attend	ees:
Event Date(s):									
Start Time of Event:			a.m./p.m.	Sta	art Time of	Event:			a.m./p.m.
Alternate Event Date	e(s):								
Contact Name:									
Name of Organizatio	on:								
Primary Phone:				_ Alterna	te Phone:				
Email Address:									
Preferred Venue: [□ AUDFYI					□ODC	□L	
Alternate Venue:		□ AUDFYF					□ODC	□L	
<u>Venue Abbreviations:</u> N (GYM); Library Techno									Gymnasium
Receipt or acknowled required for outside g and submitted to the l	roups re	questing to us	e facilities.	Those addi					
For Office Use Only	7:								
Administrator Review and Approval:						Date: _			
☐ List on District/Scho	ool Websi	te Calendar	□ S	end Confirm	nation Emai	l to Reques	tor		

Revised 10/12/21