Res	servation Requ	ost Form
Please note that this completed and <b>hours</b> in advance of the date of the		tted to the District Office at least 72 🚿 Thank you.
Requester:		
Date(s) Requested:		
Time(s) Requested:		
Event/Activity:		
(If you <sup>req</sup> uire special room set-up, please specify)		
*Do you wish to serve food and/or	drinks? Yes	No
Number of Total Attendees:		
Requester Signature		Date
Administrator/Supervisor Signatur	е	Date
Superintendent Signature		Date