

Willingham Center Use Request Form

Date of request _____

Name of group(s) _____

Name of Contact Person _____ Contact Phone _____

Text? Y N

Address _____

Email _____

Number of people _____ Adults _____ Students _____ Age of students _____

Arrival Date _____ Departure Date _____

Purpose of trip/meeting _____

Religious affiliation _____

Special Needs of Group (tables, chairs, etc) _____
