



Office Use Only
Today's Date: _____
Time: _____

## Expressive Activities Request Form

(All requests must be submitted a minimum of 48 business hours in advance of the desired date)

Requestor: \_\_\_\_\_ Name of Group/Individual: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Description of activity: \_\_\_\_\_

Requested Date(s) (up to 6 dates per reservation block period – Sept.-Nov., Dec. – Feb. or March-May):

Date: \_\_\_\_\_ Time frame requested: \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ a.m./p.m.

Location:  Com. Center  Senior Center  Outside Com. Center  Outside Senior Center

Date: \_\_\_\_\_ Time frame requested: \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ a.m./p.m.

Location:  Com. Center  Senior Center  Outside Com. Center  Outside Senior Center

Date: \_\_\_\_\_ Time frame requested: \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ a.m./p.m.

Location:  Com. Center  Senior Center  Outside Com. Center  Outside Senior Center

Date: \_\_\_\_\_ Time frame requested: \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ a.m./p.m.

Location:  Com. Center  Senior Center  Outside Com. Center  Outside Senior Center

Date: \_\_\_\_\_ Time frame requested: \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ a.m./p.m.

Location:  Com. Center  Senior Center  Outside Com. Center  Outside Senior Center

Date: \_\_\_\_\_ Time frame requested: \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ a.m./p.m.

Location:  Com. Center  Senior Center  Outside Com. Center  Outside Senior Center

\_\_\_\_\_  
Contact Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Representative Signature

\_\_\_\_\_  
Date

**\*\*Requests do not guarantee approval. Outdoor locations do not count against reservation limits, but staff maintains the authority to identify appropriate locations for expressive activities.**