Application for Use of James Cupp Meeting Center

Please print, complete, sign, and return Road, Richmond, TX 77407.	this Application and deposit t	o the District Office located at 10347 Clodine
Today's Date:		
Date Requested:	Start Time:	End Time:
Setup Time:	AM/PM Take Down T	ime:AM/PM
Name of Contact Person:		
Name of Company/Organization:		
□ Individual □ Group	□ Non-profit	□Other:
Mailing Address:		
City, State, & Zip:		
Telephone Number:	(days)	(evenings)
Fax Number:	Email Addres	s:
Estimated Persons in Attendance:		
Activity/Purpose of Event/Meeting:		
Equipment Requested:		
Tables	🗖 Computer Pr	ojector
Chairs	□ Screen	
White Boards/flip charts	s 🗆 Other:	
Caterer Name:	Tele	ohone Number:
		st be in accordance with the District's Policies ties (the "Conference Room Use Policy").
	•	ove organization have read the District's we with the rules and conditions therein.
Signature of Applicant	Date	
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Date Application Rec'd:	Deposit Rec'd:	
Before Event Inspection Date:	After Event Inspectio	n Date: