



# Kensington Community Services District

## Organization Reservation Request

Organization Name: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Requested Frequency i.e. Monthly, Weekly, Other: \_\_\_\_\_

\_\_\_\_\_

If Weekly: Day of week: \_\_\_\_\_

If Monthly: i.e. First Tuesday, 15: \_\_\_\_\_

Other Specify Dates: \_\_\_\_\_

Time From: \_\_\_\_\_ to: \_\_\_\_\_

Additional Request: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_