

**Wisner Center
Application for room use**

Organization: _____

Description of organization: _____

Address: _____

Person applying: _____

Position in-group: _____

Email: _____

Phone (day): _____ Phone (eve): _____

Requested day _____ date _____ Number of people _____

Beginning time _____ ending time _____

Rooms requested

_____ Good

_____ Skutt

_____ Friends

_____ Good + Skutt

_____ Good + Skutt + Friends

Arrangement

(see diagrams)

_____ Lecture

_____ Classroom

_____ Board Meeting

_____ Square

_____ Banquet

Extras

_____ Kitchen Facilities

_____ Electrical Cords

_____ Catering services

_____ Podium

_____ Speaker Table

To receive Not For Profit status, include a copy of the group's government 501(c) 3 form with payment

_____ I have read and understand the Wisner Center Rules (initial)

Signature of person

Requesting room _____ Date _____

Cash or checks payable to

Cascade Charter Township

Dropped off or mailed to

Wisner Center Reservations
Cascade Charter Township
2865 Thornhills Ave SE
Grand Rapids, MI 49546

Questions:

Cascade Township 949-1500
949-3918 fax
KDL Cascade Branch 647-3850