



MEDICINE HAT POLICE SERVICE COMMUNITY BOARDROOM REQUEST FORM

Organization						
Representative						
Contact information						
Address				Postal Code		
Work #			Cell #			
Fax #			Email			
Event Details						
Name of Event						
Description of Event						
Date			Start Time			
			Finish Time			
Estimated # of attendees						
*Please note that your request may take up to 7 days for approval from the Office of the Chief						
* Please ensure that you have read and completed the Community Boardroom Terms and Conditions Sheet						
Required Equipment						
Please check the boxes to indicate equipment required						
<input type="checkbox"/>	Laptop	<input type="checkbox"/>	Projector			
<input type="checkbox"/>	Flipchart Stand	<input type="checkbox"/>	Sound system			
<input type="checkbox"/>	Internet Access	<input type="checkbox"/>	Lectern			
<input type="checkbox"/> Other:						
Will you be serving food and/or beverages?						
Office of the Chief Use only						
_____ Approved By			_____ Date			
Applicant Notified By _____			Date _____			