



## 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 _____		