



Walpole Council on Aging
135 School St
Walpole MA 02081

Application for use of Center:

Name of Group: _____

Group Contact Name: _____ **Number:** _____

Date Requested: _____

Time: _____ **AM/PM**

Reason for meeting: _____

Room Set up:

Chairs: # _____ **Tables: #** _____ **Microphone:** Yes No

Will you be bring in Food/ Drink: Yes No

Signature: _____

<u>COA USE ONLY</u>
Approved on: _____
Signed By: _____