



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:** \_\_\_\_\_

**COA USE ONLY**

**Approved on:** \_\_\_\_\_

**Signed By:** \_\_\_\_\_