

Building Schedule Request Form

Date of Request: _____ Your Name: _____

Program you are requesting space/time for: _____

Please circle the dates on the calendar that you will need the space:



What rooms will you need to accommodate your program? Please highlight those you will be using in the chart below.

Room #	Room Name	Room #	Room Name
301	Computer Lab	402	Teen Room
302	Lobby Classroom	403	Gym A
304	Childcare Green Room	405	Skylight Room 3's Classroom
305	Childcare Blue Room	405B	Skylight Room Kitchen
306	Childcare Frogville	406	Gym B
307	Childcare Infant Room	407	Preschool (Middle) Classroom C
308	Childcare Frogville Window side	410	Preschool (End) Classroom D
311	Dining Room Window Side		Cottage Conference Room
312	Dining Room Blue door frame		Cottage Training Room
318	Dining Room Tile side green door frame		Cottage Meeting Room
	Small Pavilion		Pool
	Large Pavilion		Back Field

Please email or return this form to Stacey Urbani. urbanis@wmfc.org