

**TRAINING**  **GROUND**  
HOME EDUCATION ENRICHMENT CENTER

The Training Ground LLC  
**CLUB MEETING-ROOM REQUEST FORM**

**Today's Date:** \_\_\_\_\_

**Person Responsible:**

1. Member Student Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

**and**

Sponsoring "Member Parent" Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

**OR**

2. Non-Member Adult Name: \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Home Phone \_\_\_\_\_

**Name of Group or Club:** \_\_\_\_\_

**Purpose of Meeting:** \_\_\_\_\_

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**Room requested:**

\_\_\_\_\_ Main classroom: (Can accommodate 12 people at tables, or 16 without tables. Has whiteboard, podium, music keyboard, high-speed internet access, projection screen TV with DVD & VHS, also.)

\_\_\_\_\_ Small classroom: (Limited to 8 students at tables; art and science supplies; ventilation and utility sink for projects)

\_\_\_\_\_ Varsity room: (College/career library; high-speed internet; informal seating for 6)

**Anticipated Number of Persons:** \_\_\_\_\_ TG members (no cost)  
\_\_\_\_\_ Non-member guests (\$1.00 each)\*

\* Note: Non-member organizations or community tutors pay a facility fee to the TG.

PLEASE COMPLETE NEXT PAGE

**Scheduling Preference:**

\_\_\_\_\_ One-time on \_\_\_\_\_ for \_\_\_\_\_ hours

\_\_\_\_\_ Recurring on \_\_\_\_\_ for \_\_\_\_\_ hours

Preferred meeting dates: \_\_\_\_\_

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**Materials / Set-up Request**

Please list any materials, audio/visual, keyboard, podium, chairs, tables, art supplies you wish to use:

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**Waiver**

I have read and will abide by The Training Ground Policy Manual. I understand that The Training Ground is not responsible for the adults, students or activities during our meeting. I also recognize the directors of The Training Ground to be the final authority in all matters of decision while I am in the facility. I will strive to uphold the following standards of The Training Ground both in my own conduct and that which I expect of the others present: promptness, courtesy, safety, respect, discipline, integrity, kindness, self-control, wholesome speech, reverence for God, love of learning.

\_\_\_\_\_ Signature \_\_\_\_\_ Date

Please mail completed form to: Room Request  
The Training Ground LLC  
610 Pittsford-Victor Road  
Pittsford, NY 14534

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**Office Use Only:** Request approved ( Y / N ) and scheduled as follows:

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Staff Signature and Date \_\_\_\_\_