

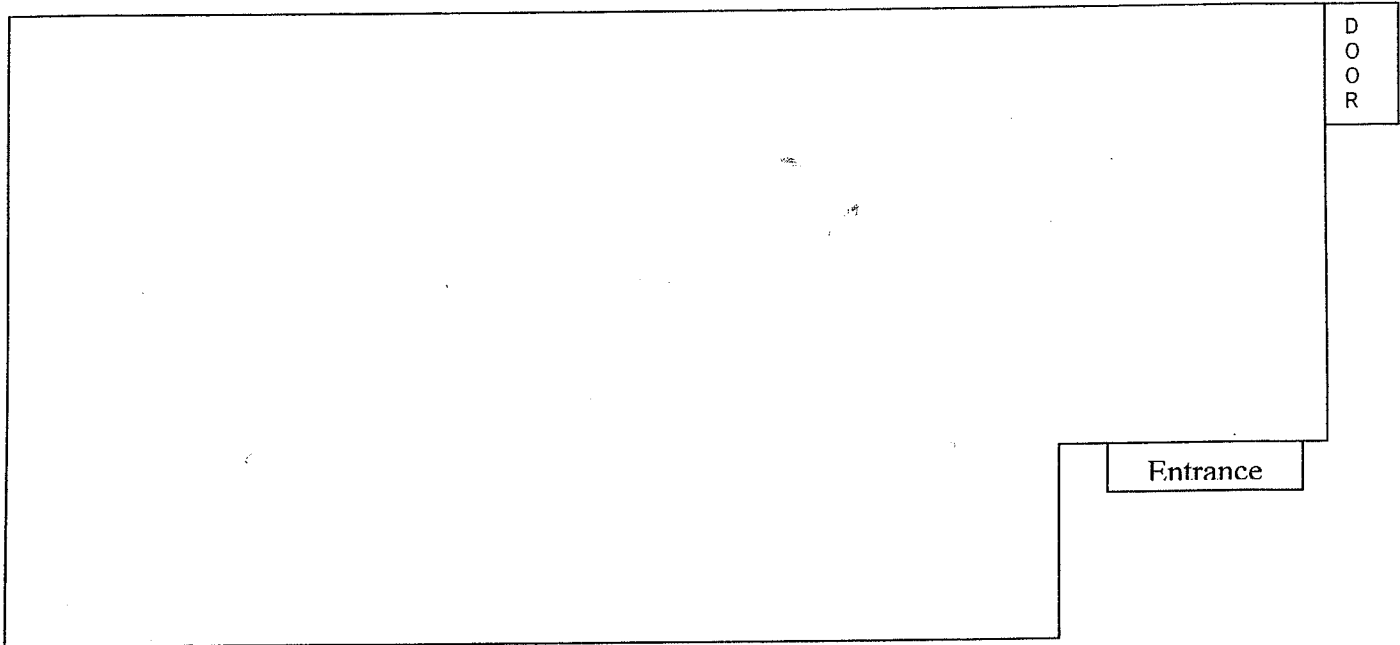
*City of Albany* - Community Center EOC Room

Class/Organization \_\_\_\_\_ Day of Rental \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Start time \_\_\_\_\_ End time \_\_\_\_\_ Session \_\_\_\_\_

Instructor \_\_\_\_\_ # of Chairs \_\_\_\_\_ # of Tables \_\_\_\_\_ # of Mats \_\_\_\_\_

Other \_\_\_\_\_



Notes: