

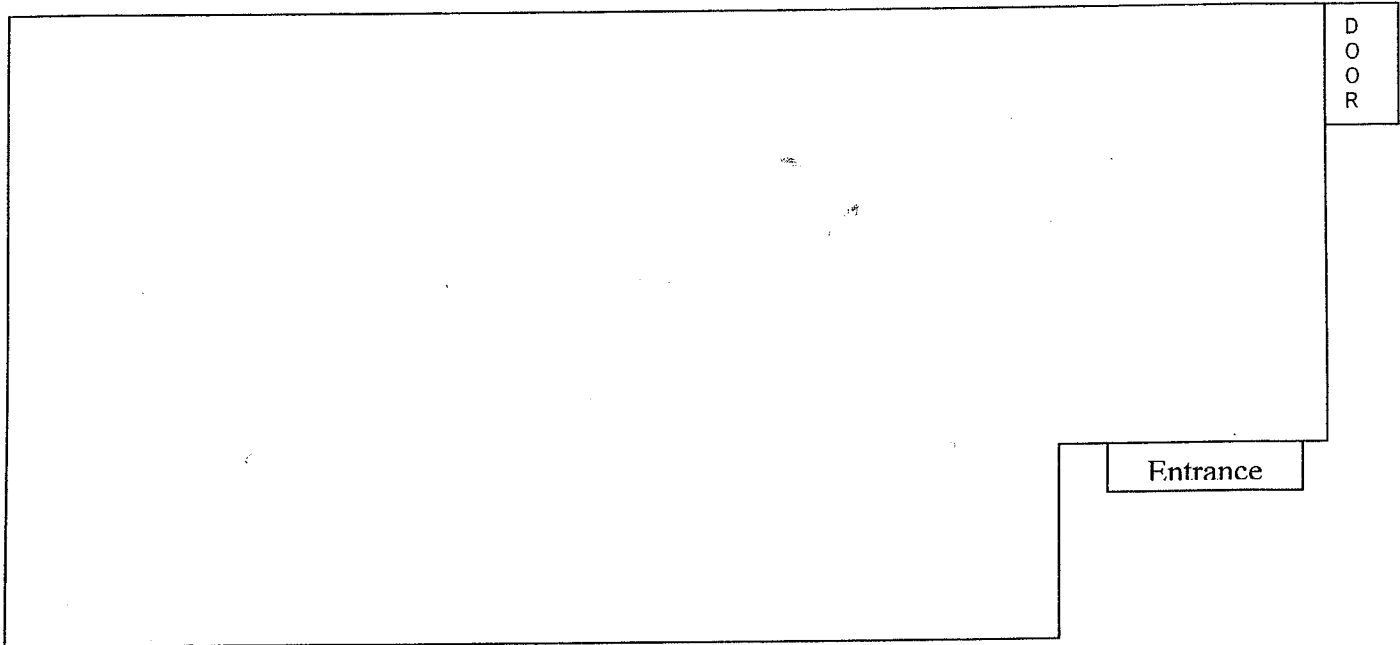
City of Albany - Community Center EOC Room

Class/Organization _____ Day of Rental _____

Start Date _____ End Date _____ Start time _____ End time _____ Session _____

Instructor _____ # of Chairs _____ # of Tables _____ # of Mats _____

Other _____



Notes: