AKRON CHILDREN'S
ROOM REQUEST FORM

School: _____ **Date Submitted:** _____

Name: _____ **Phone #:** _____

Number of Students: _____

Rooms can be reserved for a maximum of 2 ½ hours

Return via email ONLY to Kay Heisroth - kheisroth@akronchildrens.org

Date	Time	Computer Needed Yes / No	Room Assigned

Created 8/22, 11/25