CHUCO'S JUSTICE CENTER Space Application

Name:	Date:
Mission of Organization:	
Contact Information:	
Phone:	Cell Phone:
Current Address:	
	tion, and describe how your organization fits into the mission of
	d? What dates and times will you need the space? How many peopleding? Include what shared space (e.g. classrooms, spray room, room, etc.) you will need.
Please describe the event and	the purpose. (Please add as much detail as possible.)
What can you contribute to t as well as services/resources/	ne space and its members? (Please indicate any financial contribution rainings you can give.)
ase sign below to indicate that dommit to following them.	ou have read, understand and agree with the attached space guideline