



CANBY UTILITY BOARD  
CONFERENCE ROOM

REGISTRATION FORM

DATE(S) NEEDED: \_\_\_\_\_

TIME NEEDED: \_\_\_\_\_ A.M. P.M.

ORGANIZATION: \_\_\_\_\_

REASON: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CONTACT PERSON(S): \_\_\_\_\_  
\_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_  
Alternate: \_\_\_\_\_

DISTRIBUTING MATERIALS?            YES            NO

IF YES, PLEASE DESCRIBE: \_\_\_\_\_

By signing below, you acknowledge that you have received a copy of, and will abide by, the House Rules.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date