



21133 Sterling Blvd, #12  
Georgetown, DE  
301-858-4764

Family SHADE Member Organization/Name: \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Requested date to use SCHC space: \_\_\_\_\_ (Monday-Friday, 8:00 am to 5:00 pm)

Alternate Date: \_\_\_\_\_

# of people expected to attend: \_\_\_\_\_

Purpose of meeting: \_\_\_\_\_

Room Requested:

\_\_\_\_\_ Office desk

\_\_\_\_\_ Board Room

\_\_\_\_\_ Community Room

Date Requested: \_\_\_\_\_

Date Approved: \_\_\_\_\_

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*If weekend or after normal business hours space is requested, please provide details below:*

DATE: \_\_\_\_\_, please specify Sat/Sun, weeknight

Start time: \_\_\_\_\_ am or pm

End Time: \_\_\_\_\_ am or pm

Please complete the form and email to [SCHAdmin@pmgconsulting.net](mailto:SCHAdmin@pmgconsulting.net)

One week or more prior to the reservation date.