



Community Room Key Log

Received By:			
Date:			
Time:	AM / PM		
Key #:			
Employee Initial:		Customer Initial:	

Date Reserved:				
Time:	Start:		End:	
Recurrence:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Start Date:			
	End Date:			
	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			
	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri			
Contact Name:				
Organization:				
Contact Information:	Phone			
	Cell			
	Email			

Key Returned:	Date:	Employee Initials:
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