



605 Washington Street, Reno, NV 89503
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Today's Date: _____

RESERVATION REQUEST FORM

(Please fill out form completely to be accepted)

Renter's Information:

Name of Troop/Organization: _____

Contact Person: _____ Phone: _____

Person to Contact who is not at event:

Address: _____

City: _____ State: _____ Zip: _____

Reservation Information:

Date of Reservation: _____

Room Requested: (please circle one that applies)

All	Kitchen	Conference Room A
Conference Room B	Conference Room C	

Time Requested:

From: _____ To: _____

Number of People Attending: _____

Procedure Release Information: (Office Use Only)

Approved on: _____ Approved by: _____

Renter's Signature on receiving Key and Procedures: _____

Key #: _____ Key Released To: _____ On: _____

Code: _____ Password: _____ Key Returned on: _____

Procedures & Booklet sent/given on: _____

Renter's Signature: _____