



45 COLVIN AVENUE  
ALBANY, NY 12206  
518.487.4617

WWW.CAPITALDISTRICTRECOVERYCENTER.ORG

## *Application for Meeting Space*

**Please provide contact information:**

Name: \_\_\_\_\_

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

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

**Please provide us information on your meeting and/or event:**

Type:        \_\_\_\_\_ 12-Step    \_\_\_\_\_ Training        \_\_\_\_\_ Community Event    \_\_\_\_\_ Other

Frequency:    \_\_\_\_\_ Weekly    \_\_\_\_\_ Specific dates    \_\_\_\_\_ Other

Day/Times requested: \_\_\_\_\_

Start Date:        \_\_\_\_\_

Meeting length hours: \_\_\_\_\_ minutes: \_\_\_\_\_

Name of meeting (if applicable) \_\_\_\_\_

Number of attendees expected: \_\_\_\_\_

**Please provide a brief description of your meeting:**

---

---

---