

MISSOULA AREA CHAMBER OF COMMERCE  
MEETING ROOM RENTAL REQUEST FORM

Today's Date \_\_\_\_\_

Name \_\_\_\_\_

Group Name \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Date(s) Requested \_\_\_\_\_

Time \_\_\_\_\_ to \_\_\_\_\_ (please include set up and clean up time.)

Purpose of rental use \_\_\_\_\_

Is this a public event?      \_\_\_\_\_ YES      \_\_\_\_\_ NO

Event Name \_\_\_\_\_

Approximate Attendance \_\_\_\_\_

*Please submit this form to [info@missoulachamber.com](mailto:info@missoulachamber.com).*