



Sew What of Cny, Inc.

## Studio Use Request

Contact Information for person requesting use of space:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

If requesting on behalf of a group, group's name:

\_\_\_\_\_

requesting use of sewing area including use of machines

- \$5 per person for 2 1/2 hours (10-12:30 or 12:30-3:00)
- \$10 per person for 10-3 (all day )

requesting use of seating area for crochet group, knitting group, embroidery group (circle one)

- \$1 donation per person per meeting is requested for crochet, knitting, embroidery groups,

Date and time requested \_\_\_\_\_ @ \_\_\_\_\_

Is this a recurring event?    Yes      No

If recurring, how often?    Weekly    Bi-Weekly    Monthly