Request for the Use of the Moebius Nature Center

(Name of Individual or Organization) if you		Please circle Y - N if you are a member of MNC.
(Purpose for which meeting	ng or activity is to be held)	
(Date or Dates)	(Hours of Use)	(# Attending)
Will food be served? Y -	N	
(Name of person in charge	e and their Address)	
(Phone Number)	(Email Add	lress)
If you have any questions	please contact Kim Pease at L	<u>kim@mymnc.org</u> or 216-402-4361
Return completed form to		
Moebius Nature Center P.O. Box 595 Aurora, Oh 44202		