

**CT RSC Schedule Committee  
Meeting Information Form  
(Please Print Clearly)**

This is a: New Meeting  Meeting Change(s)  Meeting Folded

Group Name:	
Group's Area:	Today's Date:
<i>Meeting Location</i>	
Place / Building Name:	
Room Name / Number (if applicable):	
Street Address:	
City:	Zip Code:
Type of Meeting:	
Open <input type="checkbox"/> Closed <input type="checkbox"/> Meeting	Wheelchair Accessible <input type="checkbox"/>
Time: AM <input type="checkbox"/> or PM <input type="checkbox"/>	Duration:
Meeting Day(s):	Key Tag <input type="checkbox"/> Child Care <input type="checkbox"/>
<i>If this is a change – specify what info is different?</i>	
Group's Contact Person that can verify info / answer questions:	
Name:	Phone: ( ) -
Name:	Phone: ( ) -
Name:	Phone: ( ) -

**\*Changes cannot be processed without names and phone numbers!**

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