



**Roanoke Valley Fitness Interactive Trail  
Reservation Form for Community Events**

Event Title:

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Type Of Event:

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Proposed Event Date:

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Contact Person:

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Contact Number:

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Contact Address

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Setup Date and Time:

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Contact Email Address

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Expected Attendance:

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Event Start Time:

End Time:

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(Organization Name)

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SIGNATURE OF SPONSOR & DATE

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HCC FIT Trail Coordinator

**EVENT APPROVED**

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If denied, reason:

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