



FACILITY USE APPLICATION & RENTAL AGREEMENT

First Name

Organization Name (if applicable)

Last Name

Address

Address

City

State

Zip Code

City

State

Zip Code

Email Address

Email Address

Phone

Phone

Authorized to represent organization? Yes No

Birthdate

Title

Type of Event /Activity

Non-Profit: No Yes (IRS Letter Required)

IRS Non-Profit Number

Attendance

minors

adults

Alcohol Served:

No

Yes

Selling alcohol

No

Yes

Charging for Event:

No

Yes

Open to Public:

No

Yes

Asking for Donations:

No

Yes

List Equipment Needed (Equipment is limited, please confirm we have what you want in advance)

Room	Start Date & End Date	Day of Week	Enter Time/Set Up Time	Program Start Time	Program End Time	Exit Time/Clean Up Time

Seating (Rooms have standard configurations. Are you requesting special seating arrangements? Describe:

Special Requests/Event Notes:

My signature affirms all the above information is accurate and complete. If there are any changes in the above information after the permit is issued, I will immediately notify the reservation attendant.

Applicants signature

Date