GREAT FUTURES START HERE.



FACILITY RENTAL APPLICATION

Contact Information		
Name of Group / Organization:		
Contact Name:		
Address:		
City:	State:	Zip:
Contact Number:	Email:	
Rental Information Rental Date(s):		
Start Time:(RENTAL TIMES INCLUDE SE		EAN UP.)
Room(s) requested:		
Type of Event:		
Number of guest expected:		
Will you need Audio or Visual Support	.? □ Yes □ No	
□ Projector □ Microphone □ A	/V System	
Will you need tables / chairs? ☐ Yes	□ No	
How many? Tables: Chairs: _		