



RENTAL APPLICATION

PLEASE COMPLETE AND RETURN A COMPLETED FACILITY RENTAL APPLICATION BY EMAIL, MAIL, OR IN PERSON. ONCE YOUR REQUEST IS RECEIVED, STAFF WILL REVIEW THE FORM TO DETERMINE DATE AVAILABILITY AND IF THE CENTER CAN ACCOMMODATE THE EVENT. **PLEASE NOTE: THIS APPLICATION SERVES AS A REQUEST FOR RENTAL SPACE ONLY. INFORMATION PROVIDED DOES NOT SECURE A RENTAL FOR ANY SPACE.**

CONTACT INFORMATION (OF FUTURE CONTRACT HOLDER)

FIRST NAME: _____ LAST NAME: _____ TITLE: _____

ORGANIZATION NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL: _____ WEBSITE: _____

EVENT INFORMATION AND SCHEDULING

EVENT NAME: _____

EVENT TYPE: PERFORMANCE (THEATER,MUSIC,DANCE): _____ REHEARSAL: _____ BANQUET/RECEPTION: _____ FESTIVAL: _____

MEETING/TRAINING/WORKSHOP: _____ OTHER: _____

EVENT SPACE (SELECT ALL THAT APPLY):

BALLROOM: _____ FOYER: _____ CONFERENCE ROOM: _____ SMALL MEETING ROOMS: _____

KITCHEN: _____ DRESSING ROOM: _____ OUTDOOR SPACE LAWN: _____ HOW MANY? (UP TO 5 ROOMS AVAILABLE)

DATES AND TIME: _____ SINGLE DAY EVENT: _____ MULTI-DAY EVENT: _____

EVENT DATE: _____ ARRIVAL TIME: _____ EVENT START: _____ EVENT END: _____ CLEANUP END: _____

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EVENT DESCRIPTION: (BRIEFLY DESCRIBE THE EVENT PURPOSE AND ACTIVITIES) _____

EVENT DETAILS

IS THE EVENT OPEN TO THE PUBLIC? YES: _____ NO: _____ ADMISSION TYPE: FREE: _____ ENTRY FEE: _____

EVENT IS CONSIDERED OPEN TO THE PUBLIC IF IT IS MARKETED OR PROMOTED TO THE GENERAL PUBLIC AND ANYONE CAN ATTEND FOR FREE OR WITH A TICKET

AUDIENCE: ADULT: _____ YOUTH: _____ ALL AGES: _____

EXPECTED EVENT ATTENDANCE: _____ WILL THERE BE OUT OF TOWN VISITORS? YES: _____ NO: _____

VISUAL/PERFORMING ARTISTS? Yes: _____ NO: _____ NUMBER OF EVENT TEAM: (PERFORMERS, VOLUNTEERS, CREW, ETC.) _____

PLEASE CHECK ALL THAT APPLY:

SERVING FOOD/SELLING FOOD: _____ SERVING ALCOHOL: _____ TENTS/CANOPIES: _____

MOONWALK/ROCKWALL: _____ AMPLIFIED OUTDOOR SOUND: _____ CATERER: _____

