



Application for Facility Use

Date: _____ (Please do not leave any blanks – mark n/a as appropriate.)

Name of Event/Meeting: _____

Date(s) of Event/Meeting: _____ Time(s) of Event/Meeting: _____

Description of Event/Scope of Activities:

Event Sponsors: _____ No. of Participants: _____

Applicant/Organization Name:

Contact Person: _____ Ph: _____ Email: _____

Address: _____ City: _____ Zip: _____

Facility Request:

Room:

- ___ Multi Purpose Room (75 max)
- ___ Pool Party Room
- ___ Swimming Pool
- ___ Room 1 Meeting Rm
- ___ Room 2 Meeting Rm
- ___ Kitchen

Rate / Hour:

Audio/Visual Equipment Request:

___ Overhead Projector ___ Overhead Screen ___ TV/VCR ___ Internet Access

Please Note: All fee's are due prior to your event's date.

Renter's Signature: _____