

## Facility Rental Application

Please fill out the following information:

**First name:**

**Last name:**

**Email:**

**Street Address:**

**City:**

**State:**

**ZIP Code:**

**Contact Phone:**

**Date Facility is Needed:**

**What times will you need the facility?**

**What rooms are you planning on using?**

**Please briefly describe your event:**

**What type of AV equipment would you like to use?**

**Will you need tables and chairs?**

**yes**       **no**

**How many of each:**

\_\_\_\_\_ **tables**      \_\_\_\_\_ **chairs**

**Any special requests?**

**Will you be serving food?**

**yes**

**no**