



COMMUNITY CENTER RESERVATION REQUEST FORM

Responsible Person*: _____ Organization: _____

Phone: Day () _____ Evening () _____ Other () _____

Address of Responsible Person: _____

_____ City

_____ State

_____ Zip Code

PLEASE FILL OUT ALL THE INFORMATION BELOW

Facility(ies) Requested: _____ Date Requested: _____

1 st Choice	2 nd Choice

Event Description: _____ Number of People Expected: _____

Is this a recurring event? Yes No If yes, please explain: _____

SET UP TIME	RENTAL TIME	CLEAN & OUT BY	TOTAL HOURS
:		:	

- Will your event be catered? Yes No
- Will you be having music for your event? Yes No
- Will you have alcohol at your event? Yes No
- Will admission be charged for this event? Yes No
- If utilizing the gym, will you be conducting a: Practice Tournament Other

REQUESTED EQUIPMENT & SERVICES

(Additional charges may apply. Services and equipment are available on a first come/first serve basis only.)

- | | | | |
|----------------------------------|--|---|--|
| <input type="checkbox"/> Lectern | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Easel | <input type="checkbox"/> Dry Erase Board |
| <input type="checkbox"/> TV/VCR | <input type="checkbox"/> LCD Projector | <input type="checkbox"/> Coffee Service | <input type="checkbox"/> Insurance** |

THIS IS A RESERVATION REQUEST AND DOES NOT GUARANTEE OR CONFIRM ANY RESERVATION. YOU WILL BE CONTACTED WITHIN THREE (3) BUSINESS DAYS REGARDING YOUR RESERVATION REQUEST. THANK YOU

FOR OFFICE USE ONLY

SITE NAME: _____ DATE RECEIVED: _____ STAFF: _____

ACTION TAKEN: _____

* The Responsible Person indicated on the Facility Permit Application must be at least 18 years of age. In addition, they must attend the event from beginning to end.

** Some permitted events will be required to provide proof of insurance coverage, purchase insurance through the city and/or sign an indemnity form. Please contact the facility supervisor for more information.