**Name of Group or Event**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date(s) Requested** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Start Time**: **End Time**:

(**Circle One**) Member Non-Member Business/Corporation

**Description of Event** (Please be as specific as possible)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Expected Attendees, including hosts:

Setup Start time: \_\_\_\_\_\_\_\_\_\_ Clean-up End Time:

**AREAS REQUESTED (CHECK ALL THAT APPLY)**

* Conference/Card Room
* Great Room
* Kitchen
* Other: Specify in Event Description.

**PRIMARY CONTACT PERSON(S)** (two preferred)

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I have read the Terms and Conditions of the Facility Use and I agree to the stated terms, conditions, and policies. I understand* ***that $50.00 is to hold the date Deposit and a $100.00 damage deposit (1/2 that amount for Conference Room)* Separate checks***are due at* ***time of reservation*** *and the additional balance is due* ***one week prior to event****.*

Applicant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Approved
* Not approved

# Board Member

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Hold Deposit Rec’d $\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Damage Deposit Rec’d $\_\_\_\_\_\_\_\_\_\_ Date:

Rental Due $\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Due: Rental Rec’d $ Date Rec’d

Condition of Great Room, Kitchen, and Equipment:

Amount of Damage Deposit Refunded: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Check No. Date:

Booking Recorded - Office Signature \_Date:

**No alcohol is permitted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please sign)**