
COMMUNITY CENTER RENTAL REQUEST

CONTACT NAME: _____

ORGANIZATION (IF APPLICABLE): _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL: _____

DATE(S) REQUESTED: _____

TYPE OF EVENT/OCCASION: _____

WILL THERE BE FOOD AND/OR DRINKS SERVED AT THE EVENT? YES OR NO

IF SO, WILL THE FOOD BE CATERED BY A LICENSED CATERER? _____

WILL THERE BE ALCOHOL SERVED AT THE EVENT? YES OR NO

WILL YOU NEED WI-FI FOR YOUR EVENT? YES OR NO

IS THE HOST ORGANIZATION A 501(C)3 NON-PROFIT ORGANIZATION, GOVERNMENT ENTITY OR PUBLIC SCHOOL? _____

WHICH ROOM(S) WILL YOU NEED ACCESS TO? (PLEASE CHECK ALL THAT APPLY)

BANQUET ROOM

MEDIUM MEETING ROOM

SMALL MEETING ROOM

KITCHEN/BAR AREA

OTHER _____