HITCHCOCK CENTER ROOM RENTAL APPLICATION

	APPLIC	ANT INFORMATIO	N	
Contact Name:				
Group/Organizatior	1:		Phone:	
Current Address:				
City:	State:		Zip:	
Email:				
	EVEN	NT INFORMATION		
Type of Event:				
Date of Event:		Number of People Attending:		
Start Time:		End Time:		
Setup / Cleanup Time Needed:		Total Hours:		
	ROO	M INFORMATION		
Do you have a room preference? If so, pleas		:: West	East	Rachel
What equipment/furn	iture do you need? Check bel	ow:		
Rectangular Tables	Round Tables	Chairs	AV Equipment (\$2	20 charge)
List how many table	s and chairs you will need:			
		FOOD		
Do you plan to serve food?		Yes	No	
If you plan to serve	food, please describe:			
		FEES		

1

Type of Group	Monday – Friday 9am – 4pm	Weekends / af on weekdays
Non-Profit/Community Group	Open hours rate \$20/hour	After hours rate \$60/hour
Institutional/Government	Open hours rate \$50/hour	After hours rate \$100/hour
Individual/ Business	Open hours rate \$60/hour	After hours rate \$120/hour

Room Fee \$ X # of Total Hours = \$

AV Fee \$20 / After-hours rate \$30 = \$

Additional Room upcharge 25% = \$

Total Rental Fee: = \$

Please sign below, authorizing the verification of the information provided on this form.