

ROOM RENTAL APPLICATION

APPLICANT INFORMATION

Contact Name:		
Group/Organization:		Phone:
Current address:		
City:	State:	ZIP Code:
Email:		

EVENT INFORMATION

Type of Event:		
Date of Event:	Alternate date:	
Number of people expected (100 max):	Event Start time:	Event End Time:
Set up/cleanup time:	Total hours:	

ROOM INFORMATION

If you know the room name(s) you are requesting, please check them off below.

<input type="checkbox"/> Large Classroom West	<input type="checkbox"/> Large Classroom East	<input type="checkbox"/> Rachel's Room
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What equipment/furniture do you require?

Rectangular Tables Round Tables Chairs *AV equipment *please note AV use incurs and additional \$20 charge

SETUP INFORMATION

If tables and chairs are requested, please list how many of each you need below:

FOOD

Do you plan to serve food? Yes No

If you plan to serve food, please describe:

FEES

Type of Group	Monday – Friday 9am -5pm	Weekends/after 5pm on weekdays
<input type="checkbox"/> Non-Profit/ Community Group	open hours rate \$15-25/hour	After hours rate \$60/hour
<input type="checkbox"/> Individual/Business	open hours rate \$40/hour	After hours rate \$100/hour

Room Fee \$ _____ x # of Total hours _____ = \$ _____

AV fee \$20 _____ \$ _____

TOTAL RENTAL \$ _____

SIGNATURES

I authorize the verification of the information provided on this form

Signature of applicant:	Date:
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