



FACILITY RENTAL APPLICATION

User Group Name		
User Group Affiliation		
Requested Date (Single Day Agreement)		
Requested Dates (Multiple Day Agreement)	Start Date:	End Date:
Requested Time	Start Time: (include set-up)	End Time:
Requested Room(s)		
Requested Equipment (including amount of dishes)		
Equipment Inspection (start)	Facility User	Custodian
Equipment Inspection (end)	Facility User	Custodian

**** AGREEMENT CONTACT PEOPLE** (minimum of two required)

Name	First:	Last:
Address	Street:	
	City:	Postal Code:
Phone #	Day:	Evening:
Email		

Name	First:	Last:
Address	Street:	
	City:	Postal Code:
Phone #	Day:	Evening:
Email		

Name	First:	Last:
Address	Street:	
	City:	Postal Code:
Phone #	Day:	Evening:
Email		

Name	First:	Last:
Address	Street:	
	City:	Postal Code:
Phone #	Day:	Evening:
Email		

One of the contact people listed must be present during facility use. The office must be notified of changes to assigned contact people (576-6632).

OFFICE USE ONLY

Caretaker Name	
ACW Contact (dishes)	
*Payment Received Date	

*For one-time users, payment must be received at least 24 hours prior to facility use.